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ABSTRACT

Eighty-five elderly Alaskan Natives living in Anchorage were interviewed to determine if their needs were being met by programs designed for the elderly on a national level. Agencies serving the elderly were also questioned. Age, sex, and ethnic background of the respondents were compared with the variables of degree of education, marital status, health, religion, income, and such acculturation factors as length of residence in Anchorage, media use, voting patterns, employment, and use of traditional foods, language, and activities. The ethnic background of the old people was 51% Eskimo, 15% Athapascan, 7% Tlingit-Haida, and 27% Aleut. About one-half lived alone and nearly all of the respondents relied on themselves for their needs. Although most lived on a minimum income, they seldom expected or requested help from formal agencies. Family, culture, and religion were the three areas where expressed needs were most frequently indicated. Three major findings of the study emerged: (1) the old people have a relatively high degree of life satisfaction; (2) they very much desire to retain cultural ties and values: and (3) communication is the main obstacle to coping in the urban environment. Recommendations of the study include more consistency in health care and providers, senior housing projects, transportation assistance, and co-ops to help secure native foods. (Author/DS)

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THE OLDER NATIVE ALASKAN IN THE URBAN ENVIRONMENT

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Elderly Alaskan Natives in Anchorage:

A Needs-Assessment for Social Services Program Planning

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DEDICATION

This report is dedicated to that unique group of persons to whom a request was made for the information contained herein, but who gave far more of themselves than can be expressed in mere charts and tables.

Abstract

Eighty-five elderly Alaskan Natives living in the urban setting of Anchorage were interviewed in order to determine if the needs of this particular group of people were being met by programs which were designed for the elderly on a national level. Agencies serving the elderly were also questioned as to the means in which they were meeting the needs of this culturally different group of people. Although there was no information available as to the composition of the population to be sampled every effort possible was attempted to represent age, sex, and ethnic background. These various characteristics were compared with the variables of degree of education, marital status, health, religion, income and a number of acculturation factors such as, length of residence in Anchorage, media use, voting patterns, employment and use of traditional foods, language and activities. Special emphasis was placed on obtaining a broad background of the respondents covering such areas as parents ethnicity, size and type of village, degree of exposure to western society and a wide range of facilities available at the time when they were growing up.

The results of the interviews were programmed to provide the frequencies for the various dependent and independent variables which were under investigation. Cross-tabulations were then run on the variables which could provide the desired correlations relevant to the observations already made. Most significant of these were education, ethnicity and other factors which would determine the degree of contact which had been experienced with western society.

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Chapter I

INTRODUCTIONS

1. Aging

The last two decades have seen an increasing awareness of, and emphasis on, the subject of aging. That in itself tends to bring thoughts of retirement, reduced activity and ability, disengagement, degeneration and a variety of negative attitudes and stereotypes. This awareness of the aging phenomenon has been additionally reinforced by the ever-increasing numbers in this cohort of the population. With the elderly population of sixty-five and older surpassing the 10% mark, society in general has become more aware and concerned for a variety of reasons. The economic considerations of supporting this ever-increasing segment of our population have sorely taxed social security and retirement funds.

National Programs for the Aging

With a transferral of responsibility for the aging from the family to the state and with the accompanying increase in elderly numbers has come the need for the development of national programs to meet this situation. The "declaration of objectives for Older Americans" states that,

> Congress finds and declares that in keeping with the traditional American concepts of the inherent dignity of the individual in our democratic society, the older people of our nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States and of the several states to assist our older people to the free and full enjoyment of the following objectives: income, health, housing, institutional care, employment opportunities, retirement, meaningful activity, community services, transportation, research benefits and the freedom and independence of managing their own lives. (Older Americans Act of 1965).

The subsequent convening of the 1971 White House Conference on Aging and its recommendations resulted in new planning and programs for the aging. From this conference have evolved numerous organizations designed to deal with such concerns as nutrition, transportation, health, income, education, senior centers, research and the administration of the above. Commensurate with the development of new organizations to meet the needs of the aging were the advent of a series of titles such as Medicare, Medicaid, Project Find, Home Health Care, RSVP, Foster Grandparents, and many others. The fields of Geriatrics and Gerontology changed from rather obscure and diffuse disciplines, to highly specialized areas of knowledge which are now in great demand.

Alaska Programs for the Aging

As a result of and in conjunction with the national organization, regional, state and area agencies of aging were formed. The Alaska Administration on Aging under the jurisdiction of Northwest Region IX has similarly developed its own system of meeting the needs of its elderly citizens. Because of Alaska's small and scattered population, area agencies have as yet not materialized. It has been the intent of the policy makers in concert with elderly citizens to develop a coordinated approach toward meeting the needs of the aged. This has been done to a rather substantial degree as outlined in a report by the Department of Health and Social Services. Perhaps most unique and helpful of Alaskan programs are the Alaska Longevity Bonus for older Alaskans, which provides a $125.00 monthly payment for residents of over twenty-five years, the property tax exemption program, and the system of Pioneer Homes.

Cultural Differences

Although much attention and effort has been given in recent years to the development of aging programs, only minimal attention has been given to the cultural differences which exist among Alaska's aging population. This is particularly true in the urban centers which although dominated by a majority of Caucasians, nevertheless have a significant number of elderly native residents. The cultural differences which exist between the native and non-native elderly in the urban (Anchorage) setting would seem quite obvious. The elderly natives have traditionally spent most of their lives in the rural, subsistence-oriented society. Although all older people have seen the impact of drastic changes within their life spans, that of the elderly Alaskan Native has been even more dramatic. The urban-dwelling elderly Native has not only had to make the time-age transition change, but has also had to cope with major cultural and environmental changes. These Native traditions and lifestyles remain extremely important and are not always easy to carry out in the urban setting.

Problem

Herein lies the problem. It is not that programs for the elderly do not exist, but that they do not always meet the needs and conform to the values of the culturally distinct older Alaskan Natives.

2. Literature Review

The title of this study suggests three distinct areas of concern which may be best categorized as Aging, Minorities, and Urbanization. When these variables are applied to the Native people of Alaska, they take on a unique significance which cannot be explained by most of the existing literature.

In spite of the growing volume of literature in gerontology and the increasing amount of research and service programs, a relatively small amount of attention has been paid to many minority groups. Frequently minority problems are lumped together in spite of the diversity in their cultural and environmental backgrounds. "Few of the works that do examine such problems have provided empirical analysis of the extent to which social services available to elderly Native Americans are both known and utilized" (Murdock and Schwartz, 1978:475).

How does the term "minority" apply to the Native American and more precisely to the Native Alaskan? Modern semanticists have labeled the American Indian a "minority race" but the native Americans were not always minorities in their own country. The population of America in 1492 was approximately 849,000 (U.S. Dept. of Interior, 1970). It took Spain, Portugal, England and France over 100 years from that time to outnumber the native Americans. Earliest records indicate that Alaska's population around 1740-1780 consisted of an estimated 74,500 Native people (Alaska Statistical Review). It took the Russians and Americans until 1940 to consistently outnumber the Native Alaskans (cf. Appendix A and B). A survey of age and race by sex characteristics of Alaska's village population (Review of Business and Economic Conditions, 1973) shows a predominate Alaskan Native population in 165 of 293 communities tabulated. This same study indicated that the Northwest region of Alaska had a population which was 82.76% Native and the Southwest region was 64.6% Native. Although the Alaska Native population declined to a low of approximately 25,000 in the decade from 1910-1920, the most recent enrollment figures of the Native corporations are 72,824 (Williams and Grobo, 1978). It is interesting to note that although the indicated Native population in Alaska in 1970 was 16.8% of the total, that for the population over the age of 65 this percentage nearly doubled (Review of Business and Economic Conditions, 1972, p. 14).

What then of the urbanization of the elderly Alaskan Native? When the elderly of America are considered in general, it is found that three quarters of the older population reside in urban areas. For the vast majroity of the elderly, the urban setting is the natural and desired environment. Lawton (1974) states that some of the apparent effects of aging may result from elderly people having to cope with environments designed for younger people. In the case of the urban Alaskan Native and more specifically the elderly, it is not someone whose native environment is the urban setting. Jones (1974) points out some of the urban adaptation problems faced by Native Alaskans. "Anchorage Natives are usually recent arrivals facing several stressful transitions: from rural to urban, from one culture to another, and from one set of class and racial definitions to another." Their migration is relatively recent (mean years of residence is 7.5), reflecting the recency of the rural-to-urban migration trend among Alaskan Natives. In 1950, for example, only 659 Natives lived in Anchorage, compared to roughly 9,000 in 1973 (Rogers, 1973).

Dubbs (1975) in reporting on Eskimos in the urban Anchorage setting suggests that age and marriage are stablizing influences in the adaptation process. Education, experience outside of Alaska, and length of time lived in Anchorage all seemed part of the prerequisites for successful adaptation.

Farris (1976) points out the ineptitude of the social agencies in dealing with the urban Indian problem:

> The Indian has no voice in the programs (non-Indians run it): and social work delivery systems have white middle-class value biases that have infiltrated into social work theories and methodologies. Many programs are simply 'cultural conquest' attempts. The injection of the Indian advocacy service into a social work agency will remove or diminish the restrictive accessibility of the agency's service to the Indian client.

In regard to social work provided to the Native American he goes on to state: "A formal education, unless combined with empathy and Indian knowledge and skill will be a handicap. He must have valid Indian 'credentials' acceptable to the Indian community." This concept is further substantiated by Lewis and Ho (1975): "Only after a worker has gained at least an elementary knowledge of Native American customs and culture can he proceed to evaluate the various approaches and techniques and choose the most effective ones."

Ablon (1964) notes the curious blindness of her anthropological colleagues. "Although American anthropologists have examined problems of urbanization in Latin America, Africa, and Asia, they have had little interest in following their native aborigines who leave the traditional trappings of reservation life." But when we extend the concept of the urban Native American to the elderly, we find an even greater scarcity of information and statistics.

The report by Jeffries, Our Aged Indians: Triple Jeopardy, (1972) is appropriately titled. Being old, Indian, and urbanized can indeed be a triple jeopardy. Since the implementation of the Older American Act of 1965 the plight of the elderly Indian has been emphasized and at the same time ignored. This has happened because nearly all of the aging programs, studies and research have been directed at the white, black, and other more numerous groups of elderly, but never toward the Indians, thus magnifying the already existing cultural differences. Little attention has been paid to the special and unique needs of this group, many of whom attempted to maintain the cultural identity which they had struggled so long to preserve. In the past ten years millions of dollars have been spent developing hundreds of programs for the elderly with absolutely no attention being paid to our older Native Americans.

The White House Conference on Aging (1971) gave little attention to these problems in spite of repeated requests and protests from the Indian delegates at that session. At that time specific recommendations were made in critical areas such as Housing, Nutrition, Health, Transportation and Spiritual Well-Being. These recommendations were generally ignored.

Finally in 1976, under a special grant from the Administration in Aging, Office of Human Development, Department of Health, Education and Welfare, and under the sponsorship of the National Tribal Chairmans Association in Phoenix, Arizona, the National Indian Conference on Aging was held. This conference was attended by representatives of all Indian and Alaska Native populations within the U.S. The recommendations formulated by elderly Indians at the 1971 White House Conference on Aging were summarily endorsed and reconfirmed. A position paper submitted by an urban organization and endorsed by the Conference strongly expressed the position and needs of the elderly urban Native. This paper written by Elsie Basque of the Boston Indian Council, speaks of the life of the elderly in the past and what it has become today.

> Now the story has changed. Especially for those of us who must live in the cities. Our place has been lost. Our voice has been ignored. We find ourselves, like all older people, left with only pieces of life. There is no room in this society for us. We are extra, the stage props in a world concerned with youth, with what is new.

She went on to outline some of the basic needs of the elderly, emphasizing that these must be met in a context of belonging and stressed the importance of the older Indian having an opportunity to retain or regain the dignity and purpose that was once enjoyed.

A report prepared under a grant from the Office of Human Development, Department of Health, Education and Welfare, R-1862-HEW April 1976 entitled, Delivering Services to Elderly Members of Minority Groups completely ignored Alaska Natives. Another report done by the same department - American Indian Population 55 Years and Older: Geographic Distribution, 1970 - compiled March 1977, includes Indians living in Alaska, but omits all Eskimos and Aleuts.

The most recent study of the Alaskan Native aging/aged was done in the summer of 1977 at the request of the Alaska Area Native Health Service. The study stated (Bolesta 1977:17): "It is not within the scope of this project to interview the older Native people in Alaska, or to screen them. It is the focus of this paper however, to present demographic information on the aging and aged Native Alaskans." In summary she stated: "No attempt was made to statistically compute responses of the people interviewed and no survey was conducted." And she concludes: ". . . If we are going to understand the older Native in order to improve his health status (which may include changing health behavior), we must know more about the 'elders' function in the Native community."

In the summary of the Alaska Comprehensive Study on Aging (1972, p. 7) it is stated that

> In almost all ways that economic well-being can be measured, the economic status of the native is significantly below that of the rest of the Alaskan elderly. They have lower incomes, lower employment rates, fewer assets and less insurance protection. Consequently, there is a clear need to develop programs aimed at improving the economic status of Alaska elderly natives.

Gallego (1978, p. 13) states that,

> The total system has recognized the existence of ethnic subgroups but has not attempted to integrate these subgroups except in cases where the total system has been challenged by the specific subgroup. Whenever programs for the minority elderly have been initiated they have been initiated by minority group members and as a result of governmental processes. The cultural values of the total system have been those of the white Anglo-Saxon Protestant element of society. The absence of minority participation in the subsystem of Aging programs may well indicate the exclusion of portions of minority cultural values.

Maslow's theory of motivation applies to those individuals that live in (the) American society regardless of race, sub-culture or socio-economic class. Older minority group members desire to be accepted as older individuals without respect of color, race or creed. The minority elderly would participate in integrated programs with the Anglo population if the variables of socio-economic status, education and occupation were equal (Maslow, 1943).

E. Percil Stanford (1977) best sums up the position of the elderly minority:

> It is clear from the volume of legislation proposed during the last five years that legislators at all levels of government have taken the needs of aged citizens seriously. At the same time, however, they have paid minimal attention to the concerns of the ethnic older people.

3. Historical Overview

The history of the Alaskan Natives, Eskimos, Athapaskans, Aleuts, Tlingit, Haida and Tsimshian is as diverse as the many people and factors which have influenced their lives. Two centuries of intermittent, but increasingly pervasive, white contact has encouraged the development of certain sites at which Natives of the surrounding area congregated for the more efficient performance of the many white military, religious, or commercial purposes at hand (Alonse and Rust 1976). As a result of these influences it was necessary to develop new technology and by importing more food as long as cash was available. Even this was constantly changing as various military and industrial priorities shifted or missions moved or were abandoned. White-introduced diseases repeatedly decimated many areas. Along with this was a population shift usually to larger settlements. This shift has remained in a fluid state throughout the recorded history of the Alaskan Natives. From the exploitation by the earlier Russian explorers to the desire for cash to buy white mans' technology, the move has gone on, usually to satisfy the need for the perceived advantages of another culture. The first main impetus to urbanization was activated by the Alaska Railroad in the 1920's with increased access to material welfare and opportunities to gain.

Throughout this period the quality of Native life continued to decline. Life was hard and short with white-introduced diseases but few health services, growing needs for cash for survival but few jobs. Today conditions though far from ideal are much improved. The Native Land Claims with resultant organizations, free health service, increased education, improved air service and better housing and utilities make life much easier.

With this, consolidation of villages and urbanization continue. In the 18th century there were several hundred villages in the Aleutians Islands and there are less than two dozen today (Jones 1973). In north and west Alaska there were 181 villages in 1950 while in 1970 a 70% larger population lived in 168 villages (Alonso and Rust 1976). According to census figures the Alaska Native population of Anchorage which was 0.7% in 1950 had increased to 11.8% in 1970.

Life for the Alaskan Native has changed, essentially within his own environment. From an estimated population of 74,000 (Swanton 1952 and Oswalt 1967) in the 1740-1780 era, the Native population fell to a low of approximately 25,000 in 1910. From 1950 the Native population has shown a marked upward trend which may be attributed to improved health service and a high birth rate. Enrollment figures as of March 1978, compiled by the Bureau of Indian Affairs for the Alaska Federation of Natives indicate a total of 72,824, or close to the original estimated

Native population of Alaska at the time of white contact. The composition of and degree of ethnicity of this body is a matter of speculation which will hopefully be revealed with the 1980 Census. The population trends of the Alaskan Natives are shown on page 12.

General Population Trends in Alaska
1740-1960

Year or Date		Total Number of Persons	Native Number of Persons	Non-Native Number of Persons
Circa	1740-80	74,000	74,000	------
	1839	39,813	39,107	706
	1880	33,426	32,996	430
	1890	32,052	25,354	6,698
June	1900	63,592	29,536	34,056
Dec. 31	1909	64,356	25,331	39,025
Jan. 1	1920	55,036	26,558	28,478
Oct. 1	1929	59,278	29,983	29,295
Oct. 1	1939	72,524	32,458	40,066
April 1	1950	128,643	33,863	94,780
April 1	1960	226,167	43,081	183,086
April 1	1970	302,173	51,712 (a)	250,461
March 1	1978	400,000 (c)	72,824 (b)	327,176

(a) Partly estimated; Eskimo and Aleut included with "other races" in 1970 census reports.

(b) Alaska Native's Regional Profile, March 1978

(c) Estimated

Sources: 1740-80 based on estimated in J. W. Swanton, The Indian Tribes of North America (1952) and W. H. Oswalt, Alaskan Eskimos (1967). 1839 based on estimated by Veniaminot and others in "Resources of Alaska," 10th Census of the United States, 1880, Vol VIII, pp. 36-38. Other data from U. S. Bureau of the Census reports 1880 through 1970. April 1, 1970 total population from PC(1)-A3, issued May 1971. Native and non-Native for 1970 as tabulated from census tapes by Bureau of Indian Affairs and Alaska Department of Labor, May 4, 1971.

4. The Project

The study of the Elderly Alaska Native in the urban setting was funded by the Student Originated Studies Program of the National Science Foundation. The idea of doing such a study was suggested to, accepted by, and submitted by a student group in an Anthropological field methods class in the fall of 1977. The original group was expanded to include eight individuals, which as a group had broad inter-disciplinary and life-experience backgrounds.

The Study Population

The study population was the elderly Native Alaskan over the age of fifty-five, living in Anchorage. This unique group of individuals cannot be simply described as Alaskan Natives. They are divided into three distinct groups: Eskimo, Indian, and Aleut, with equally distinct divisions within these groups. The Eskimos are readily divided into two groups, the Yupik and the Inupiaq. The Indians are Athapascan, Tlingit, Haida, and Tsimshian, while the Aleuts, who have had the longest contact with western civilization, constitute another major group. (Appendix C)

Study Area

In order to adequately explain the implications of a study of the elderly Native, something must be said of their environment. The State of Alaska is more than twice the size of Texas and one-fifth the size of the United States. The distance from Ketchikan, in the southeast, to Attu, at the tip of the Aleutian Chain, is greater than the distance from New York City to San Fransisco. The length of the coast would reach around the world. Mt. McKinley, at 20,320 feet, is the highest point in North America, and single glaciers are larger than the state of Rhode Island. A state with greatly varying climate and terrain, Alaska has rain forests, and arctic deserts and temperatures which range from 78°

below zero up to 100° above. On the North Slope, there is a month in winter when the sun does not rise above the horizon, and a month in summer when it never sets. Alaska encompasses five major river systems with one, the Yukon, being the third longest river in North America. Alaska is bounded by three oceans and encompasses four time zones. Two-thirds of the land is underlaid with permafrost and all of it is dotted with thousands of lakes, many of them unnamed and uncounted. The state is rich in natural resources: animals, forests, fish and wildlife.

Of this vast area, well over ninety percent is accessible only by air and water; therefore, as is readily seen from a casual glance at an Alaskan map, practically all of the rural communities are in extremely isolated, remote areas (Appendix D). Telephone and television communication is being introduced into rural areas, but both of these media, while enthusiastically accepted, continue to be novelties. Radio is especially important to most villages as a communication device. The mail plane plays a crucial role in the life of many villages, flying two or three times a week, weather permitting. During the periods of fall freeze-up and spring break-up, transportation may come to a complete halt in many areas (Appendix E).

Coupled with the diversity in culture and environment, the impact of various political, developmental and industrial changes must be taken into consideration. In slightly more than 200 years, the forces which have influenced the lives of a sparce population (early Russian estimates 74,500) in a vast expanse take on an extremely significant meaning. Much of the past is marked by disruption and forced departure from a traditional life style.

Russian colonization, non-native whale hunting, trapping, gold discoveries, World Wars, railroad, logging operations, shipping ports and oil finds with the accompanying epidemics, individualized work ethic and incipient industrialization have all had a profound affect on the aboriginal peoples of Alaska. The Aleuts suffered from forced displacement and migration by the Russians and again with the advent of World War II, which found whole villages relocated. Whaling, fishing and gold discoveries had their major impact on northern Eskimos, as did the railroad and mining on the Athabascan people of the Interior. Fishing, logging and mining all affected the lives of the people in Southeast Alaska. Tuberculosis and epidemics of influenza and small pox were no respecters of ethnic divisions. In more recent years, Native Land Claims, Statehood, oil discoveries, pipelines and additional intensified development have all added to the change and disruption of this group of people. Perhaps the most decisive factor is that the study group under consideration spent their early years in extremely small communities with very little of what most western society looks upon as the amenities of life. From this background they have for various reasons transferred their home to Anchorage, the largest urban center of Alaska.

Anchorage, a thriving modern city of 200,000 people representing nearly half of the population of Alaska, did not even exist when most of the people in the study group were born (Appendix F). First as a construction camp for the Alaskan Railroad, then later as the site of the state's largest military complex, Anchorage has grown from a government-based community to a large and thriving commercial and transportation center for Alaska. In addition to government and oil-related offices, it is the home of many of the Native organizations and of the Alaskan Native Medical Center, which serves the Native population of the entire state. Anchorage is frequently referred to as, "the largest Native village" in Alaska.

5. Objective

It is the intent of this study to document, and to some degree evaluate, the position and role of the elderly Alaskan Native living in the urban (Anchorage) setting.

Chapter II

Methodology

The methodology employed in the study of elderly urban Native Alaskans can best be characterized as one of evolvement. Even though guidelines had been established in the initial proposal, it became obvious as activity developed that numerous changes were required due to the nature of the study, the population involved and the information available. The three areas of the study may best be classified as (1) Familiarization, (2) Preparation, and finally (3) Actualization. It is, of course, not that simple and in each category it was found that the process of evolvement took place and grew with the information gathered.

1. Familiarization was obviously the first essential and became additionally apparent with a review of the literature which has already been outlined. Given the limitation of available information of elderly Native Americans and since we were concerned with a limited segment, the urban Alaskan, it became important to develop the utmost familiarity with our subject.

Since only the project director possessed a familiarity with the aging and aged, it was essential to develop additional expertise in this area. There was, however, a considerable background of knowledge in the area of Native Alaskan people. Additional study of the literature was used in an attempt to establish some guidelines for addressing the elderly Alaskan. Urbanization also became an area of study.

Located in Anchorage are several agencies or organizations whose primary concern are the native people of Alaska (Appendix G Bluebook). These organizations were contacted personally in order to determine two things: (1) how they were meeting the needs of the elderly Alaskan Native, and (2) to notify them of the intent of the study and to see what their reaction would be to such a project. There was not any evidence of programs which were directed specifically to the needs of the elderly Native. Mixed reaction was received to the idea of a study involving this group of people and even some indication that the elderly Natives had been "studied to death." If this were true, it was not indicated in a review of the literature. It was evident that help being provided in any organized fashion was being provided through the Community Services Program of CINA or the health services delivered by Alaska Native Medical Center.

At this point, given the minimum indications of service provision, it was decided to implement a study of all the known agencies within the Anchorage area which could in any manner supply services to older Alaskan Natives living in Anchorage. The intent was to determine the amounts or percentages of time of any given agency which were being utilized to meet the needs of elderly Natives. The agencies were asked to evaluate the needs of this group and to indicate if they had any future plans for improving services in this area. Sixty questionnaires (Appendix H) were personally presented to the agencies with follow-up phone calls. Repeated visits were made to pick up the completed forms. Thirty-three responses were eventually received. Twenty-nine answered an open-end question as to what they perceived as the main problem of the elderly Native (Appendix I). These answers, plus a ranking of problems (Appendix J), supplied a base of needs as seen by the agencies.

In an effort to make known to the Native community the nature and intent of our study we attempted to initiate personal contact with a majority of those organizations located within the city which were in any way directed toward Native activities (Appendix G). By personal contact we were additionally able to gain some idea as to the degree of concern for the elderly Native Alaskans.

Additional sources of information were the Alaska State Legislature, the Alaska Department of Health and Social Services and the Alaska Native Medical Center. In answer to a request to Alaska State Senator Jalmar Kerttula we received a copy of Alaskas Comprehensive Study on Aging and a listing of existing programs entitled Caring for Alaska's Aged. From the Alaska Department of Social Services we received statistical information on marriages, deaths, causes of death, and marriages of older Natives. The Alaska Native Medical Center supplied us with printouts of Inpatients and Outpatients with age, sex and ethnic background. Most of these items were of limited help because they did not supply a breakdown for the Anchorage area. However, they did act as indicators and helped to develop a better understanding of our study population.

2. Preparation, given the limited amount of background information available, turned out to be the most necessary and rewarding area of development. The first step was to expand our initial group of three students and a faculty advisor to eight members. This final group possessed a strong background in Anthropology, Sociology, Gerontology, and Political Science, plus an active interest in the problem at hand, and the ability to perform a variety of tasks. Of extreme importance was an Inupiaq Eskimo woman who provided significant expertise in communication with elderly Natives.

The final team narrowed down to eight student participants, four consultants and a faculty advisor (Appendix K). This does not mean that there were only thirteen members involved in the project. Numerous other interested individuals who could not take part because of other commitments continued to be active on a peripheral basis. The consultants who were recruited at this time represented a background of experience of working with the elderly and Native Alaskans and possessed the ability to carry out a wide variety of tasks.

With the organization of the team a number of observational measures were instituted to unobtrusively develop our knowledge of the subject population. These measures were carried out by attending church functions, visiting bingo halls, observing transportation usage and comparing the use of the Native Hospital to other health service institutions. One member became an active part of the ANMC in order to better observe the health service delivery (Appendix L).

One of the main concerns of the study was to define the size of the population under consideration. Since indications were that the life expectancy of the Native Alaskan was seven to eight years less than the national average (1970 census statistics), it had been decided to base the study on all individuals over the age of 55 rather than the conventional 60 or 65 frequently used. Initial inquiries to agencies and Native organizations had elicited responses listing the numbers from 150 to 1500. Our first step was to write letters to the twelve Native corporations (Appendix G) asking them for the enrolled members 55 and over residing in the Anchorage area. We additionally made inquiries to all organizations, agencies and institutions located within the Anchorage area which were in any manner connected with Alaskan Natives. The best results were received from ASHA (Alaska Housing Authority). Many of the facilities had no positive age identification and most individuals were age categorized on the basis of observation only. Needless to say this resulted in numerous embarrassing situations for the study team.

A response from approximately 60% of the corporations as to their urban residing elderly was eventually received. By cross-referencing those figures with the information which had been obtained locally and applying some simple projections, it was estimated that there were 600 to 800 individuals in the study category. From these figures it was also learned that the sex ratio of this category was approximately two females to each male. Other categories were even more elusive however, and gave little idea of the age or ethnic composition of the urban elderly Native Alaskans. Although these figures were available for the state, it was reasonably certain that they would not apply to the Anchorage area.

At this point, a great deal of visibility, as to the nature of the study, had been presented to agencies, corporations and such other institutions as deemed necessary. It was hoped at this point that the same type of awareness might be created among the study population. Consequently, numerous posters and handouts were distributed and public service spot announcements were made through radio, T.V. and newspapers. It is interesting to note that although the telephone numbers of the project director and the hot meal program were given, not one response was received. It can only be assumed that there was a cultural reluctance to respond to this type of announcement. However, it may be that this presentation was not ignored and did help in creating an awareness.

It had become apparent that it was important to develop a first hand relationship with at least a portion of the elderly Native population. It was determined that the best way to do this was to become involved in an area of expressed need. This was accomplished by creating a volunteer transportation service through the Salvation Army hot meals program which was conducted at CINA. Members of the team gave elderly

Natives rides to and from the hot meal program as well as to appointments and other activities.

Throughout the above process the team had met on a weekly basis to share information on a group level and to continually formulate future activities. As stated before this methodology can best be classed as a system of evolvement and this is exactly what happened as each bit and piece was added. Equipped with this background the study team felt much more comfortable about developing a questionnaire (Appendix M). Although only the final analysis can be considered as proof of the efficiency of the instrument a significant mass of acceptable information was gathered. Because of the lack of experience and guidelines to follow, it may be assumed that some areas were surplus and others were given insufficient consideration.

3. Actualization - Given what information was available and attempting to make some projections as to sex ratio ethnic background, and age composition,every effort was made to be as representative as possible in sampling. The team continued to meet on a weekly basis to share information and to keep running tabulations of the above groups under consideration. As one category filled up an attempt was made to concentrate in other areas.

An attempt was made to keep the actual interviewing as informal and as unstructured as possible. By becoming familiar with the instrument and conducting the interview in two segments, it was usually possible to gather the information desired with very little reference to the actual questionnaire. The study had been approached with the idea in mind that the information gathered would be much more valid if the interview was presented and conducted on a very informal basis. As a consequence some information was missed but this had been expected.

Although a few of the interviews were conducted "cold," most of them were pursued only after contact and rapport with the individual had been established. The team member with the Eskimo background proved to be especially effective in this area. In the case of other ethnicities some member of that community was usually available to provide contact. Translation skills were especially important with Eskimo people who more frequently lacked a proficiency in the English language. Although nearly all of those interviewed possessed some knowledge of English, for some the answers came much more readily in their Native tongue.

Because of the lack of information concerning the population an attempt was made to contact people in a broad category of living circumstances. Since the limited information available indicated that 78% of the known elderly Native Alaskans lived in three of the city's planning communities (Appendix N) sampling was likewise concentrated within these districts. There was an additional effort to concentrate on a variety of living situations including; boarding houses, nursing homes, senior housing, Pioneer Home (Alaskan system of elderly housing), ASHA housing projects, low cost or ghetto type living areas and individual situations, either alone or with family.

Periodic meetings of the study team plus a questionnaire to be filled out by the interviewer acted as an ongoing debriefing process. These two factors provided an almost constant awareness of what was transpiring within the team, the problems which were being encountered and the methods which proved to be most satisfactory.

The original intent had been to do one hundred interviews. The final number completed was eighty-five. Unavoidable delays, temporary departure of some of the interviewees and other obligations all tended to restrict meeting the desired goal.

At the conclusion of the interviewing the information was coded by a small group of individuals familiar with all aspects of the study. Keypunching and initial programming were contracted out to provide frequencies of the various variables. With this information at hand various recoding and evaluation procedures were initiated to determine the need for additional analysis. Cross-tabulations were run to provide comparisons where indicated.

A preliminary report and a summary of the more important frequencies were presented to the Student Originated Studies Program of the National Science Foundation in Washington, D.C. on December 27, 28, 1978.

Chapter III

Findings

1. Demographic Profile

The study group consisted of twenty-one men (25%) and sixty-four women (75%). Their ages ranged from 55 to 88 with a median age of 66.7. According to their self preceived ethnic background they were 51% Eskimo, 15% Athapascan, 7% Tlingit-Haida and 27% Aleut. Only about 38% are presently married. (See Table 1).

The amount of education of the study group varied from "none" for 11% to 3 individuals who had gone beyond high school. They had received their education in a variety of situations ranging from their traditional village to an "outside" boarding school.

There had been a few changes in religious preference but for the most part they still adhered to the Russian Orthodox, Roman Catholic and Evangelist Covenant religions which most of them had known from their childhood.

More than one quarter had neither a birth certificate nora baptismal record and eleven individuals indicated that they had no proof of age whatsoever. Se[illegible] had indicated the need to acquire letters of reference in order to obta[illegible] available benefits such as Alaska Longevity Bonus.

The respondents came from a variety of backgrounds, most of them with a strong traditional emphasis. Over one half came from communities of less than one hundred people. There were limited educational facilities available in the areas where they grew up and as a result they received their education in a variety of situations ranging from Alaskan boarding and mission schools to BIA schools outside of the state.

Many of the communities where they spent their early lives lacked the full time services of a doctor and their health needs were frequently met on a piece meal basis. The Native language was used in nearly 60%

of their villages and the most often mentioned problems were health and food.

Nearly one half of those interviewed indicated that their father was non-Native (Table 2), while almost all had Native mothers. This varied however, depending on the area of origin. Their language invariably followed that of their father.

Almost one half remembered epidemics of influenza and smallpox and other devastating diseases which occurred during their childhood. It was not unusual to have lost several family members as a result of sickness and numerous individuals had been raised in missions because of the loss of both parents. This may also account for the fact that there was limited knowledge of older people in their formative years.

Although a majority had indicated living in a traditional, small Native village while growing up, they had not all moved directly to the large urban center of Anchorage. These living situations included Regional Native Centers, non-Native small communities, and small urban centers. Twenty-nine individuals had lived outside of Alaska at some time in their lives.

The elderly Native Alaskans had moved to Anchorage for a variety of reasons, but the main objectives were employment and health care. Other reasons indicated were employment and education of children, climate, comfort, financial or simply to be near family.

Although Anchorage is located within the area of the Cook Inlet Regional Corporation, two out of every three respondents indicated an affiliation with a regional or village corporation outside of this area. They indicated a greater allegiance to their Native organization with over one half voting in regional elections while only 28% voted in municipal elections. State and National elections commanded approximately 36% participation.

Table 1

Marital Status

	Elderly Native	(a) Elderly Find	(b) Rowan Study	(c) National	(d) ALB Survey
Never Married	9.4%		4%	6%	
Married	37.6%	51.3%	54%	54%	38.5%
Separated/ Divorced	18.1%		12%		
Widowed	34.1%	9.4%	30%		43.9%
Single		36.0%			
Sep./Div. Widowed				40%	
Never Married, Sep./Divorced					16.7%

(a) Elderly Find Study conducted by the Municipality of Anchorage, 1978.

(b) Rowan Group Report "Old People Talk" prepared in conjunction with the Office of the Mayor for the Department of Health, Greater Anchorage Area Borough, 1974.

(c) U.S. Bureau of the Census, U.S. Census of the Population, 1970.

(d) Alaska Longevity Bonus Impact Survey, 1976, Department of Health and Social Service.

Table 2

Parental Status - Father
n=59

	Eskimo n=25	Athapascan n=10	Tlingit/Haida n=5	Aleut n=19
Native	64%	60%	80%	26.3%
Non-Native	36%	40%	20%	73.7%

2. Characteristics of Ethnicity

In commenting on the characteristics of ethnicity it seems obvious that attention should be directed to the parallels which exist between ethnicity, education and the degree of education available to separate geographical areas of the State of Alaska (Tables 3 and 4). It may also be assumed that the areas with a higher degree of education availability also possessed a greater degree of contact with western society (Tables 5 and 6).

The respondents indicated their use of and desire of a number of factors which might be associated with their traditional background. These included such items as food, language, socialization, traditional skills and activities. The replies in these areas produced a variety of responses with frequent differences indicated by their ethnicity (Tables 7 to 13). There was also a difference in voting patterns and their Native corporation affiliation based on ethnic background. (Tables 14 and 15).

Table 3

Education in Years
n=85

	Eskimo n=43	Athapascan n=13	Tlingit/Haida n=6	Aleut n=23
0				
1-4	41.9%	30.8%	--	8.7%
5-8	46.5%	30.8%	33.3%	52.2%
9+	11.6%	38.5%	66.7%	39.1%

Table 4

Educational Facilities in Home Community
n=78

	Eskimo n=37	Athapascan n=13	Tlingit/Haida n=5	Aleut n=23
None	18.9%	53.8%	—	39.1%
1-4	8.1%	7.7%	—	17.4%
5-8	67.6%	30.8%	40.0%	26.1%
9-12	5.4%	7.7%	60.0%	17.4%

Table 5

Have Lived Outside State
n=83

Eskimo n=43	Athapascan n=13	Tlingit/Haida n=6	Aleut n=21
20.9%	30.8%	66.7%	57.1%

Table 6

Read Newspaper
n=81

Eskimo n=40	Athapascan n=13	Tlingit/Haida n=6	Aleut n=22
42.5%	76.9%	100%	63.6%

Table 7

Desire More Native Foods by Ethnicity
n=79

Eskimo n=39	Athapascan n=12	Tlingit/Haida n=6	Aleut n=22
76.9%	58.3%	50.0%	36.4%

Table 8

Frequency of Eating Native Foods by Ethnicity
n=83

	Eskimo n=42	Athapascan n=12	Tlingit/Haida n=6	Aleut n=23
Never	4.8%	—	50.0%	21.7%
Occasionally	47.6%	50.0%	50.0%	43.5%
Monthly	16.7%	8.3%	—	17.4%
Weekly	31.0%	41.7%	—	17.4%

Table 9

Language Preference by Ethnicity
n=77

	Eskimo n=41	Athapascan n=9	Tlingit/Haida n=6	Aleut n=21
Native	58.5%	33.3%	33.3%	4.8%
English	26.8%	55.6%	50.0%	85.7%
Combination	14.6%	11.1%	16.7%	9.5%

Table 10

Frequency of Speaking Native Language by Ethnicity
n=82

	Eskimo n=42	Athapascan n=12	Tlingit/Haida n=6	Aleut n=22
Never	14.3%	33.3%	50.0%	72.7%
Occasionally	35.7%	41.7%	50.0%	13.6%
Daily	50.0%	25.0%	—	13.6%

Table 11

Socialize with Someone of the Same Background by Ethnicity

n=78

Eskimo n=40	Athapascan n=11	Tlingit/Haida n=5	Aleut n=22
62.5%	72.7%	40.0%	45.5%

Table 12

Practice Traditional Skills by Ethnicity

n=81

Eskimo n=42	Athapascan n=12	Tlingit/Haida n=5	Aleut n=22
57.1%	33.3%	40.0%	22.7%

Table 13

Traditional Activity Involvement by Ethnicity

n=69

	Eskimo n=35	Athapascan n=12	Tlingit/Haida n=5	Aleut n=17
Native games	5.7%	8.3%	—	—
Story telling	8.6%	—	20.0%	5.9%
Feasts	11.4%	33.3%	20.0%	5.9%
Arts & Crafts	37.1%	16.7%	20.0%	5.9%
Other	14.3%	25.0%	—	—
None	22.9%	16.7%	40.0%	82.4%

Table 14

Voting

	Eskimo	Athapascan	Tlingit/Haida	Aleut
City	17.1%	46.2%	25.0%	52.4%
State	25.0%	53.8%	66.7%	55.0%
National	27.8%	53.8%	60.0%	55.0%
Native Regional	52.8%	58.3%	80.0%	73.7%

Table 15

Do You Have Voice in Your Native Corporation
n=63

Eskimo n=32	Athapascan n=10	Tlingit/Haida n=2	Aleut n=19
31.3%	80.0%	100%	68.4%
(76% Res.)	(77% Res.)	(33% Res.)	(83% Res.)

3. Urbanization

Although the overall population of Anchorage is quite uniformly distributed throughout fifteen planning districts, 80% of the elderly Natives live in only three of the areas. They live in a variety of living situations including boarding and nursing homes, a Pioneer Home, senior housing, Alaska State Housing Authority (rent subsidized) housing, and low cost housing. Twenty-nine percent live in single family dwellings, 11% in mobile homes, 52% in multiple dwellings and 8% in institutions. Forty-six percent live alone, 31% live with their spouse and 18% with children. Thirty-three individuals have lived in Anchorage for ten years or less, 21 from eleven to twenty years, and the remaining 31 had lived in this city for over twenty years. Twenty-eight percent own their own homes. Most of them indicate that they are satisfied with their housing situation and neighborhoods. The only indicated desire for change would be to single family dwelling, or to a cabin.

Seventy-four percent of the elderly Natives classify their health as fair or good and two-thirds feel that their health is as good or better than others of the same age. They apparently value their health and when asked what the most important single thing was for them, nearly one-third indicated health. Ninety percent make use of the Anchorage Native Medical Center (A.N.M.C.) with nearly one-half having had medical check-ups in the last month and over 80% having made use of this facility within the last year. Limited use is made of other medical facilities. Most indicated concerns were seeing, walking, bending and lifting. Over one-fourth had a disability of some form.

Traditional Native foods make up a significant portion of their diet (Table 16) and they acquire these in a variety of ways. Twenty-two do subsistence hunting or fishing, while over one-third gather wild plants and berries (Table 17). When asked if they would like more Native foods nearly two-thirds replied in the affirmative. Although a majority know of Senior Citizen Hot Meal Program, only about one-third attend and this is not on a regular basis. Only 8% use food stamps, 14% make use of the home delivered hot meals. Over one-half would like to see Native foods served at the hot meal program.

Table 16

Frequency of Eating Traditional Foods
n=83

Never	12.0%
Occasionally	47.0%
Monthly	14.5%
Weekly	26.5%

Table 17

Acquisition of Traditional Foods

Purchase locally	22.4%
Sent from village	56.5%
Subsistence hunting	21.2%
Gathering	36.5%

It would seem that the economy of the urbanized elderly Native was affected by a number of conditions. Thirty-six percent stated moving to Anchorage for economic reasons and indicate that it is less expensive to live there (Table 18). Nearly one-third list cost (of transportation) as the main drawback of visiting their home village. Eighteen percent practice traditional skills for the income and an equal amount would like jobs for the same reason.

The elderly Native people get around the city in different ways but taxicabs were the method most frequently expressed (See Table 19).

Table 19

Most Frequently Used Transportation
n=84

Drive	21.2%
Walk	22.4%
Bus	11.8%
Taxi	23.5%
Friends	8.2%
Senior Citizen Bus	3.5%
Family	8.2%

Eighty-two percent know about free or special rate transportation, but 30% expressed problems with schedules, distance to bus stop, and difficulty getting on and off. Of the nearly 50% expressing difficulty visiting their Native village, transportation cost was the most perceived problem.

Table 18

Sample Prices, Selected Alaska Communities

Town	1 Residential Electric Bills, 500 kwh/mo. 1977[a]	2 Electric Bills as Percent of Anchorage Bill (Anchorage=100)	3 Total Costs of 45 Food Items, Sept. 1977[b]	4 Total Food Costs as Percent of Anchorage Cost (Anchorage=100)	5 Round-Trip Air Fares from Alaska Location to Seattle, Nov. 1978[c]	6 Air Freight Rates, 100 lbs., Seattle to Ak. Destination, Nov. 1978[d]
Anchorage	$ 17.31	100 %	$ 58.96	100.0%	$ 246.16	$ 35.50
Kenai	20.00	116	65.26	110.6	281.16	48.50
Fairbanks	26.85	155	62.78	106.5	294.86	35.50
Ft. Yukon	88.54	512	e	e	361.63	59.05
McGrath	77.55	448	e	e	334.90	44.30
Juneau	22.15	128	59.02	100.0	206.96	29.60
Ketchikan	24.69	143	60.10	101.9	163.50	16.45
Bethel	49.50	286	95.73	162.4	394.68	51.85
St. Mary's	e	e	e	e	408.36	52.20
Dillingham	60.99	352	e	e	377.16	48.75
Egegik	102.50	592	e	e	383.46	54.45
Cold Bay	53.00	306	e	e	559.36	76.50
Kotzebue	70.88	410	e	e	437.28	59.05
Barrow	60.00	347	e	e	457.06	62.90
Nome	e	e	93.47	158.5	437.28	58.70

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[a] Alaska Public Utilities Commission, Eighth Annual Report to the Legislature, year ending December 31, 1977.

[b] Cooperative Extension Service, University of Alaska, Quarterly Report on Prices of Forty-five Foods Items in Thirteen Alaska Communities. This survey was the last of the series; foods surveyed included bread, milk, flour, coffee, hamburger, butter, beans, and other common foods.

[c] Alaska Airlines, Wien Air Alaska, Reeve Aleutian Airways, and Alaska Aeronautical Industries.

[d] Same as "c" above. These air freight rates do not include applicable federal transportation taxes.

[e] Not available.

Only three individuals made use of social service systems for shopping and four for help in getting meals. The A.N.M.C. (Alaska Native Medical Center) was the most frequently used facility (Table 20).

Table 20

Agency Use

People Mover	n=63	54.7%
Senior Citizen Bus	n=65	38.5%
OPAG	n=58	11.9%
CINA	n=59	40.0%
Homemaker Health Aide	n=55	14.3%
ASHA	n=53	31.3%
ANMC	n=78	88.5%
Municipality Health Department	n=57	6.9%
U of A Dental Clinic	n=55	0.0%
Medicaid	n=55	16.1%
Alaska Property Tax Exemption	n=59	20.0%
Alaska Legal Services	n=57	12.1%

One-half of the respondents expressed a concern about crime, some from actual experience but mostly from a general concern. Those living in Senior housing and the Pioneer Home (high security buildings) volunteered the information that they "felt safe."

4. Life Satisfaction and Expectations

The older Native proved to be a very self-reliant individual. In nearly all matters they were the major providers, but depended heavily on family and friends when support was needed. They expected little from social service agencies and as a result received minimal assistance from this area (Table 21).

Table 21
Source of Support

	Money & Household Matters	Medical Care	Shopping	Getting Meals	Transportation
Self	68.2%	59.5%	47.0%	71.8%	40.0%
Spouse & Children	27.0%	29.7%	38.9%	18.8%	32.0%
Social Service Agency	2.4%	10.7%	3.5%	4.7%	7.0%

Of the 65 individuals (78%) reporting income, over one-half were under the $400.00 per month level (Table 22). This income was derived from a variety of sources. Forty-one percent reported providing some portion of their income through work, investments, savings and crafts; family 19%, some type of Native organization related for 15%, the state longevity bonus to 46 respondents and 67% received income through Social Security, or Supplemental Security Income (Table 23). Although the amount of educational experience varied, it did not have a significant effect on the amount of income (Table 24). Only 11% suggested that they had frequent money problems.

Table 22

Monthly Income
n=65

Monthly Income	Percent
$250 or less	25.7%
$251-$400	28.8%
$401-$600	22.7%
$601 or more	22.8%

Nineteen percent of those interviewed were actively employed and another 25% would like jobs, of which 18% expressed a need for the money, with the balance stating that they enjoyed working. Twenty-six percent had indicated that they had moved to Anchorage for employment. Although their employment experience is varied the most frequently mentioned occupation was traditionally Native oriented, such as hunting, fishing or trapping.

Table 23

Source of Income

Self:	Work	17.6%
	Savings	9.4%
	Crafts	14.1%
Family:	Spouse	12.9%
	Children	5.9%
Native:	BIA	9.4%
	CINA	5.9%
State:	Alaska Longevity	54.1%
	Retirement	4.7%
Federal:	Social Security	60.0%
	SSI	7.1%

Table 24

Monthly Income by Education
n=65

	0 - 4 n=17	5 - 8 n=30	9+ n=18
0 - 400	58.8%	56.7%	44.5%
401 - 1000	35.3%	36.7%	38.9%
1000+	5.9%	6.7%	16.7%

Although almost three-quarters of the respondents had less than eight years of school, they stressed the importance of education. More than one-half of those responding said they would like more education and three out of four feel that education opportunities are better today. They received their education in a variety of situations ranging from small traditional villages to "outside" (contingent United States) institutions.

Even though nearly one-half of those interviewed felt that family relations were not as good as they were in the past, they showed a strong family affinity. One-half of their socializing is done with family and 90% have relatives in Anchorage. Seventy percent see their adult children monthly or more frequently. Forty percent would like more family contact but give distance as the greatest barrier to that contact. Only 30% belong to some type of club or organization, but give visiting as the most frequent reason for going out. Caring for children is the most frequently (30%) used means of helping others.

The elderly Natives interviewed indicated a rather active participation in religious affairs (Table 25).

Table 25

Religion
n=84

Roman Catholic	25.0%
Russian Orthodox	22.6%
Evangelical Covenent	14.3%
Other	31.0%
None	7.1%

Forty percent watch a nationally televised religious program and nearly 80% indicate some church participation (Table 26).

Table 26

Frequency of Church Attendance
n=80

Never	18.8%
Yearly	22.2%
Monthly	7.4%
Weekly	49.4%

One-half were very well satisfied with their life situation, 38% fairly well satisfied, while less than 10% expressed dissatisfaction. When asked what the most important thing was in life, health led the list (Table 27).

Table 27

Most Important Thing in Life
n=74

Health	31.3%
Family	25.0%
Income	18.8%
Social Interaction	8.8%

Seventy percent give physical ability as an indicator of old age while only 14% listed appearance. Fifty-two percent said they were upset more while 80% thought things were better overall for older Natives. When asked about specific areas they were not as consistent (Table 28).

Table 28
Life Quality in Select Areas

	Better (%)	Worse (%)
Finances	85.1	
Health	87.3	
Education	91.3	
Respect		63.0
Morals		76.0
Family Relationships		73.7
Discrimination	54.0	

CHAPTER IV

SUMMARY

Characteristics of the Sample Population

A brief summary of the 85 respondents of the elderly Alaskan Native study delineates the following characteristics:

The group consisted of twenty-one men (24.7%) and sixty-four women (75.3%).

Their ages ranged from 55 to 83 with a median age of 66.7.

According to their self-perceived ethnic background, they were 51% Eskimo, 15% Athapascan, 7% Tlingit-Haida, and 27% Aleut.

Only 24 own their own homes and nearly one-half of them live alone.

Their median education is 6.8 years with nine individuals having no formal education.

This does not present the entire picture. While only 3.5% of the males were separated or divorced, 15.3% of the females were. Only one male was classified as widower, but there were 28 women who were widowed. Four distinct ethnic categories were used but this in itself is very limiting. Among the Eskimos alone are two separate and distinct dialects, the Yupik and the Inupiaq. The life style of the Aleut people has been constantly subjected to the demands of western society in the form of development and war. The Athapascans came from a vast area and because of this there exists a broad range of exposure to western ways. From southeast Alaska come the Tlingit, Haida and Tsimshian with yet another type of background. All of these people bring with them a wide variety of traditions and values each tempered by the degree of contact which they have had with a western culture and an urban environment. The differences go even beyond. As it is among all elderly groups there are the young old and the old old, those with strong family supports and those without, the healthy and the disabled. One difference which did seem to be lacking was the rich and the poor. Nearly all seemed to get by on a minimum income and counted their riches in health and family. Only the younger employed seemed to have an adequate income.

They came to Anchorage for a variety of reasons. The fact that the Alaska Native Medical Center is located in Anchorage accounted for the greatest number of moves. Other reasons listed were family, employment, economics and education. It was not infrequent that the elderly person mentioned that it was easier and cheaper to live in Anchorage. High costs and poor housing and living conditions in rural areas were often referred to.

Sources of Help

The three main sources of help, formal agencies - self - and family, must necessarily be headed by self and the determination to do for ones self. In nearly every category the individual was the predominant provider. It was seldom that help was expected from formal agencies and less frequently that it was requested. One exception to this was the medical service provided by the Alaska Native Medical Center. In this situation it must be realized that in the majority of cases this was the only type of medical aid which these people have ever experienced. Family and friends were called upon for help and many times offered their services before they were asked . If additional help was needed it was usually requested from some Native organization. However, when asked whose responsibility it was to provide for the elderly, the State was most frequently named.

Expressed Needs

When the older Alaskan Natives were asked what they most needed at this point in time to keep them reasonably comfortable, almost one-half of them replied money. However, when asked what was most important to them income was listed as third after health and family relationships.

While only a few were able to visit their native village a significant number indicated that they would like to go but could not afford it. The majority of the respondents have relatives still living in their home communities. There was a strong desire to maintain cultural ties in other ways as was expressed in the responses to questions concerning traditional crafts, foods and activities.

Much has been indicated today concerning the subsistence needs of the Native people still living in village Alaska. Traditional foods continue as a significant portion of the diet of the elderly Native and those who live in the urban setting procure these in a variety of ways. While some may be purchased locally the major portion is received from friends and relatives while a significant amount is the result of the individual's own efforts. There is a strong affinity for continued involvement in traditional activities, crafts and socialization. In summary, it might best be stated that family, culture and religion are the three areas where expressed needs are most frequently indicated.

Life Satisfaction

All indicators used in the study of the elderly urban Native expressed a high degree of life satisfaction. In view of the low income, health problems, degree of living alone and foreign environment in which they live, this appears to be of major significance. In spite of the fact that they seem to be receiving less family contact than they would like, are justifiably concerned about their health and are existing on one of the lowest income averages in the area, they appear to be quite satisfied with their situation in life. Seventy-five percent of those interviewed felt that they are as well off or better than others their age, and only 16% admitted to frequent money problems. Healthwise more than two-thirds feel that they are in the same or better health than others, and most listed their health as fair or good. When asked how they felt about their life at this time, taking everything into consideration, over one-half said they were well satisfied, 38% said they were fairly well satisfied, and only 10% expressed dissatisfaction.

Urbanization

Urbanization with the elderly Alaskan Native is, as with all groups, a continuing and on-going process. Three variables or a combination of these would best indicate the urbanization process of these people. Length of time in the urban environment, amount of education, and degree of contact with western society are the main factors governing the degree of adaptation away from a rural life. Acculturation may be evidenced, however, as much as "urbanization," or the latter might be simply the context within which the former occurs. While some have had the advantage of an intermediate contact with a medium-sized rural community, many lack this transition process.

Perhaps the most significant factor is the amount of support available from family and friends in the new community. They are the ones who can help to bridge the gap between rural and urban living from one culture to another. There is a need to learn to cope with different concepts of housing, transportation, nutrition, health care and even socialization. Depending on the degree and amount of support available this can frequently be an extremely trying experience.

It would seem from the data presented that an attempt was being made to point out the ethnic differences among Older Alaskan Natives. Nothing could be further from the truth. At the absence of geographical divisions among the respondents, the variable of ethnicity was the one which most aptly pointed out the effect of western contact and educational availability upon various members of the older society. A certain parallel may be found when examining the educational level attained, the educational facilities available and the geographical location of the various ethnic groups under consideration. It is also easy to acquaint these same geographical areas with the greater degree of exposure to the ways of the western world. These similarities may be easily recognized by comparison of census figures on education (Appendix O) and the ethnic map of Alaska (Appendix C). The areas of higher degree of education coincide with those traditionally designated as Aleut and Tlingit/Haida portions of the state, while the Eskimos and Athapaskans generally occupied areas with a lower educational availability. It must be additionally recognized that many of those from the more remote areas received their education only by traveling some distance to, which for them, was a foreign and strange environment.

Conclusions

In attempting to analyze the eighty-five individuals who were interviewed some effort must be made to place this group of people within the context of the society in which they live. Latest estimates of the population indicate that there are slightly over 400,000 people living in Alaska. Of these 78% are white, 18% Alaskan Native, 3% Black and slightly over 1% are listed as "other." Of the 72,800 Alaska Natives it has been estimated that approximately 9000 or 12% live in Anchorage.

A recent study compiled by the Municipality of Anchorage and titled "Elderly Find" interviewed 1440 individuals over the age of sixty living in the Anchorage area. Of those interviewed,82% were white, 5% black, 6% Alaska Native, and 2% were listed as "other."

In an attempt to obtain additional information, the age composition of the elderly was considered. The 1970 census for Alaska indicated 71% between the ages of 55 and 64, with 29% 65 or older. Cook Inlet Region roles indicated that their members were 60% between the ages of 55 and 64 with the balance being 65 and older. Of the eighty-five older Alaskan Natives interviewed only 40% were under 64 while 60% were 65 and older.

Using the same comparisons, Cook Inlet Region indicated a male-female ratio of 38% to 62% while the ratio for the Municipal study was 44% to 56%. Among the study group there were 25% males and 75% females.

Another area of contrasts is that of home ownership. While census figures for the age group represented indicate that for the over-all U.S. population, 77% own their homes, in urban Alaska 63% also are home owners, and for rural Alaska 73% are. Only 28% of the study group indicated that they owned their own homes.

As has already been indicated (Table 1) there is a significant difference in the marital status of those interviewed in comparison to other groups, both locally and nation-wide. The interviewed population of Anchorage consisted of a high percentage of individuals living alone. While only 21% of this group indicated that they were living with their spouse and 46% were living alone, many other studies show that over 50% of those interviewed are living with husband or wife.

For the respondents there was an indicated average income of less than $4000.00 per year as compared to the current average income of $11,430 in Alaska. In a national study done by Harris and Associates the median income for older people was found to be $4,800. Because of the nature of their traditional background, many of those interviewed lack the type of retirement income which many other people count on, such as savings, investments, pensions, annuities, or insurance funds. Their main source of income is the Alaska Longevity Bonus and Social Security. Their income is supplemented, to the degree possible, by sewing and carving. This activity has its limitations as, lacking capital to buy raw material, they are frequently forced to consign their finished product to a dealer who supplies their raw materials. Consequently they receive a minimum return for their efforts. In addition to this they are increasingly competing with other labor markets which are copying their original crafts. Cultural needs frequently impose costs to the elderly native which cannot always be met. The cost of their traditional foods both for acquisition and shipping are often prohibitive. The desire to visit a village where friends and relatives live can seldom be realized because of the high cost of transportation. The unnatural problems of dealing with schedules frequently results in the use of un-affordable taxis.

Recent figures from the U.S. Census, 1960, 1970, indicate a large variation in education both between native and non-native and also among the native population itself (Appendix O). While the educational attainment in 1970 of whites and blacks over twenty-five years of age indicated a median of 12.6 for years of school completed, the attainment for Alaskan Natives in the same category was only 7.5. Within this same category of native Alaskans there was a variation of 1.6 to 9.0 median years completed. It must be additionally stated that the education of Alaskan Natives has been received in a variety of situations and areas. Local education, if available, was frequently interrupted by subsistance activities. Many times getting an education meant moving away from home, usually to a completely different environment and possibly even out of the state to an even stranger environment and a more foreign society.

Some assumptions might be made in comparing the older Native community of Anchorage with the non-native. Numerous members of the non-native portion supposedly retire to "Outside" areas at the end of their work years. There are not any available figures to indicate how extensive this practice is. Likewise there is little indication of what happens to the elderly native but from the rate of increase of the native community in Anchorage it might be assumed that there is little out-migration as such, although there are isolated cases. From the responses given it is evident that many Alaskan Natives come to Anchorage as younger people and grow old here.

The Older Alaskan Natives interviewed described a variety of health services available to them in their early years. Today their health care is consistent in that it is provided at the A.N.M.C. facility in

Anchorage. The respondents indicated a high use of this facility and very minimal use of any other health providers which were available to them. It must be recognized that the Indian Health Service has been their primary means of organized health care throughout their lives. Although they do today have the option of other health services through Medicare, Medicaid, or community health clinics, they still turn to the familiar Indian Health Service when they need help. This is done in spite of the fact that they are frequently subjected to personnel change and repetitive diagnosis.

Programs for the aging, a recent phenomenon in the United States, is an even newer area of concern in Alaska. Noted for its youthful population and out-migration by non-Natives, the state has felt little need for elderly programs. The Pioneer Home at Sitka for many years met the needs of the individuals remaining in Alaska beyond the retirement age and requiring this type of care facility. Only in recent years have additional Pioneer Homes been built at Palmer, Fairbanks and Anchorage. Other programs which have sprung up in the urban area have been patterned after or been a continuation of earlier existing programs developed in the rest of the U.S. Only in sections where the population has been predominately Native have programs evolved along lines conducive to the needs of this group of people. Only in such institutions as C.I.N.A., B.I.A., and A.N.M.C. was an aura of "nativeness" maintained and even this was not necessarily directed toward the elderly.

In summation we find that we have a significant group of Elderly Native Alaskans (perhaps as high as 12% to 14% of the elderly population) living in an urban center which is primarily influenced by a non-native culture with non-native programs. The 85 Older Alaskan Natives interviewed indicated a vast difference in educational background, health care and cultural values. Because of these differences their remains at this time a discrepancy in meeting the needs of this group of people and the non-native population to which most programs are oriented.

What can be expected of this cohort of people in the near future? The Alaskan Native population of Anchorage increased from 659 in 1950 to 9000 in 1973. We can assume that the elderly segment made a similar increase. Will the Alaskan Native population continue to increase in the near future? It can be assumed that this is likely as the educational level increases and as more and more development by Native Corporations takes place in the urban setting. It may be expected that the elderly will continue to follow younger members in this urban migration. It is not likely that all of those Alaskan Natives now living in the city will return to their village when they retire nor can large numbers be expected to make an exodus to the "Outside."

Recommendations

The results of the information received from the eighty-five respondents indicate three major findings: (1) that they have a relatively high degree of life satisfaction; (2) that they very much desire to retain their cultural ties and values; and (3) that the main obstacle to coping in the urban environment is one of communication. These findings must be considered in the context of the indicated existing differences of education, cultural values, economics, health, living situation, and personal identity. At this point it might be well to requote Maslow (1943) in regard to equality: "The minority elderly would participate in integrated programs with the Anglo population if the variables of socio-economic status, education and occupation were equal." Since this equality does not exist it is obvious that any recommendations take this into consideration.

Significantly a problem must be defined before any recommendations can be made and for that reason it is essential that a data bank be developed to accurately designate the numbers in at least some areas. Correlations of existing information possessed by the B.I.A. and the twelve Native Corporations could supply ages, sex, location and ethnic background of Older Alaskan Natives. This in itself would provide a basis and help to define the magnitude for future programs. It would also help to give identity to an otherwise obscure group of people. More important it could supply an indication of future trends with the ability to plan ahead.

Although the respondents expressed little dissatisfaction with the health care which they received, they did indicate areas in which this might be improved. A consistency in the care and the provider could be the main area of improvement. Continuity in this areas could be a valuable asset to many people already living in a culturally different environment.

The Elderly Native does not have high expectations in the terms of housing but certain needs should be met. Because of limited income a high percentage are living in A.S.H.A. housing or in low income areas. As a result of this there is little chance to avoid high crime rates, inaccessible or inconvenient areas or much less the freedom to locate near friends or relatives. Additional restrictions imposed by A.S.H.A. and landlords restrict the cultural importance of providing a place for visiting friends or relatives. In today's era of senior housing it should not be un-reasonable to provide secure, convenient housing which they can share with their own. It is not unusual to find Jewish housing, Black housing or Latin housing. Why should the older Eskimo, Aleut or Indian who are still living in their own land be forced to integrate at their advanced time of life?

Some interviewees have adjusted very well to the idea of a scheduled transportation service, but for others it is not quite that simple. For some people who have never had the obligation to do things by the clock it becomes quite difficult to meet bus schedules. Sometimes locations make it additionally difficult to even get to a bus line. It is an equally difficult area to address as far as recommendations are concerned. More convenient housing, better bus schedules, a system of advocacy, subsidized taxi fares, may all be possibilities in an area which must not be ignored.

One of the most often expressed desires was that for traditional foods. Equally important and obviously as strong a cultural need was to be able to acquire these things personally. Subsistence activities hold a high degree of interest for nearly all of the respondents and they pursue these to the degree possible. It is not in-conceivable that food co-ops could be established to provide the desired foods not only for Older Alaska Natives but for others as well. The idea of ethnic foods is not new and perhaps a food co-op could make it more economically feasable. Berry picking excursions have proved highly successful and could be increased and supplemented by other subsistence activities.

It is evident that for those eighty-five individuals interviewed, there is a living between two worlds. There is a need to survive and adjust to the urban life in the city while still maintaining an important, essential tie with their traditional way of life and to maintain an identity with their own culture. It is not likely that a white dominated city is apt to change its programs to meet the needs of the elderly Native, but certain modifications and a system of advocacy can go a long way towards a satisfactory adjustment. Many provisions are a question of economics. As indicative of the agency response (Appendix J) the most frequently mentioned problem was financial, but could it be classified as one of values? Perhaps a berry picking trip would be preferred to a free trip to the opera (often provided to the elderly). How about food stamps to provide delivery of traditional foods from friends or relatives in the village. Rather than tuition waivers and tax assistance, how about a trip to the Native Olympics or a subsidized flight to a home village instead of a free ferry trip.

Above all there is a need for an Alaskan Native Division of Aging which can base programs on the values of the recipients. As a result of the efforts of the National Indian Council on Aging there are now provisions whereby funding can be made directly to programs of this nature. If the needs of the Elderly Alaskan Native, either urban or rural, are to be met this is one avenue which must be given the utmost consideration. But above all and in all things, take the recipient individuals into consideration. Whether it is transportation, housing, nutrition, health care or any number of concerns, the Elderly Alaskan Native deserves the consideration of his or her own needs and desires. Neither the recommendations or assumptions based on the needs of other groups should be the criteria for meeting elderly Natives' specific needs, but should serve only as guidelines.

Recommendations for Further Research

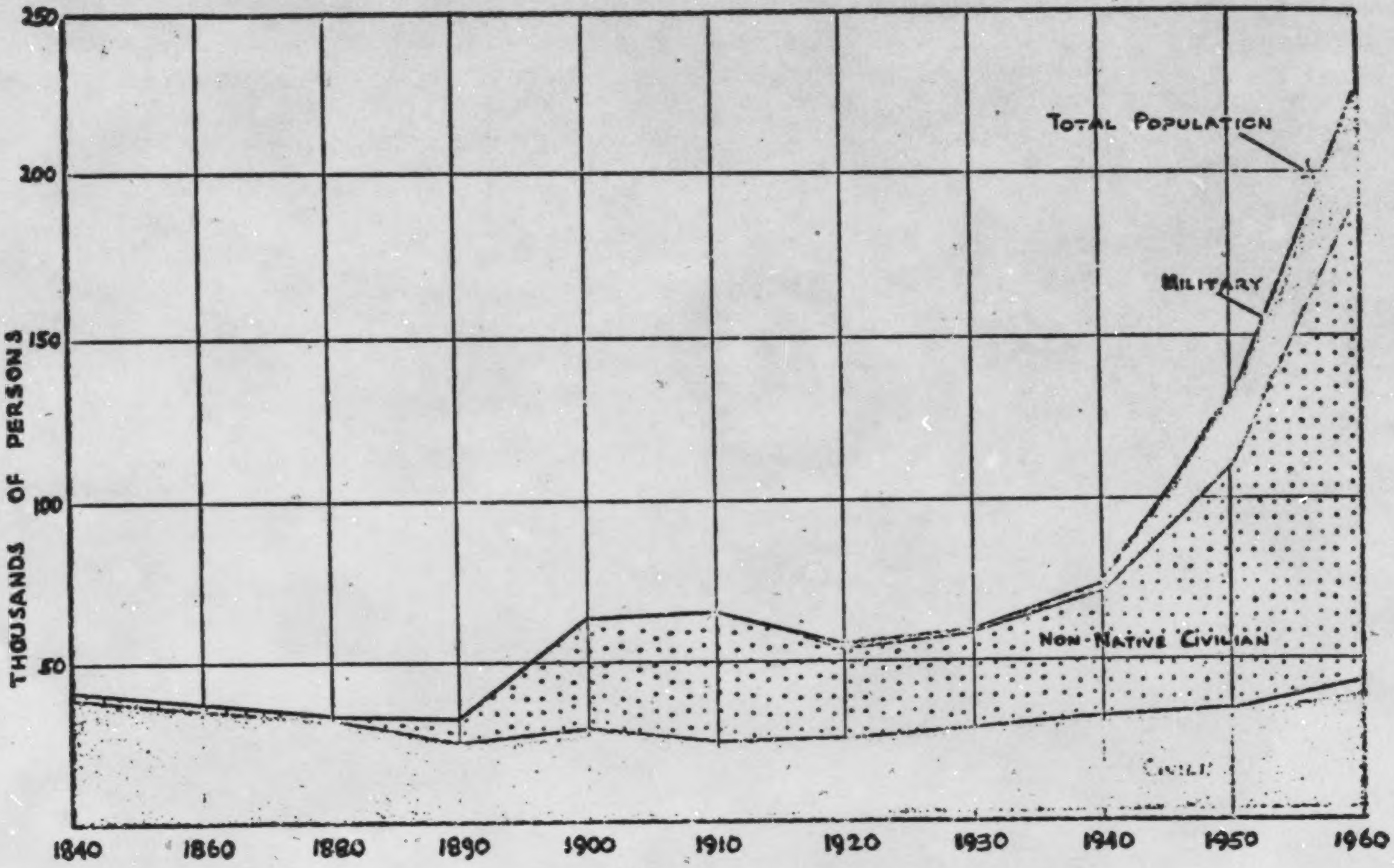
Because of the ethnic diversity of Older Alaskan Natives it is recommended that future studies be limited to specific cultural backgrounds. The very logistics of developing a comprehensive study of all groups limits the conceivability of such a project. In order to make predictions of future trends there should be comparisons made between the ruban and rural segments of the various ethnic populations. The possibilities of developing a more representative sample are much better when the boundaries are limited to single groups. A much better definition could be developed as to the impetus for urban migration and the associated implications. This does not mean that an overall persective of the Older Alaskan Native should not be maintained and this could certainly be done by compiling the information developed at the various levels.

APPENDIXES

A. Major components of Alaska population
B. Racial characteristics of Alaskan population
C. Ethnic areas of Alaskan Natives
D. Alaskan travel corridors
E. Alaskan weather variables
F. Population trends of Alaskan cities
G. Native Corporations and organizations in Alaska
H. Agency questionnaire
I. Responses to agency questionnaire
J. Problem frequency
K. Team members and consultants
L. The Institutional context of health care of elderly in Anchorage, Alaska
M. Questionnaire
N. Planning communities of Anchorage
O. Educational Attainment of Alaskan Natives

APPENDIX A

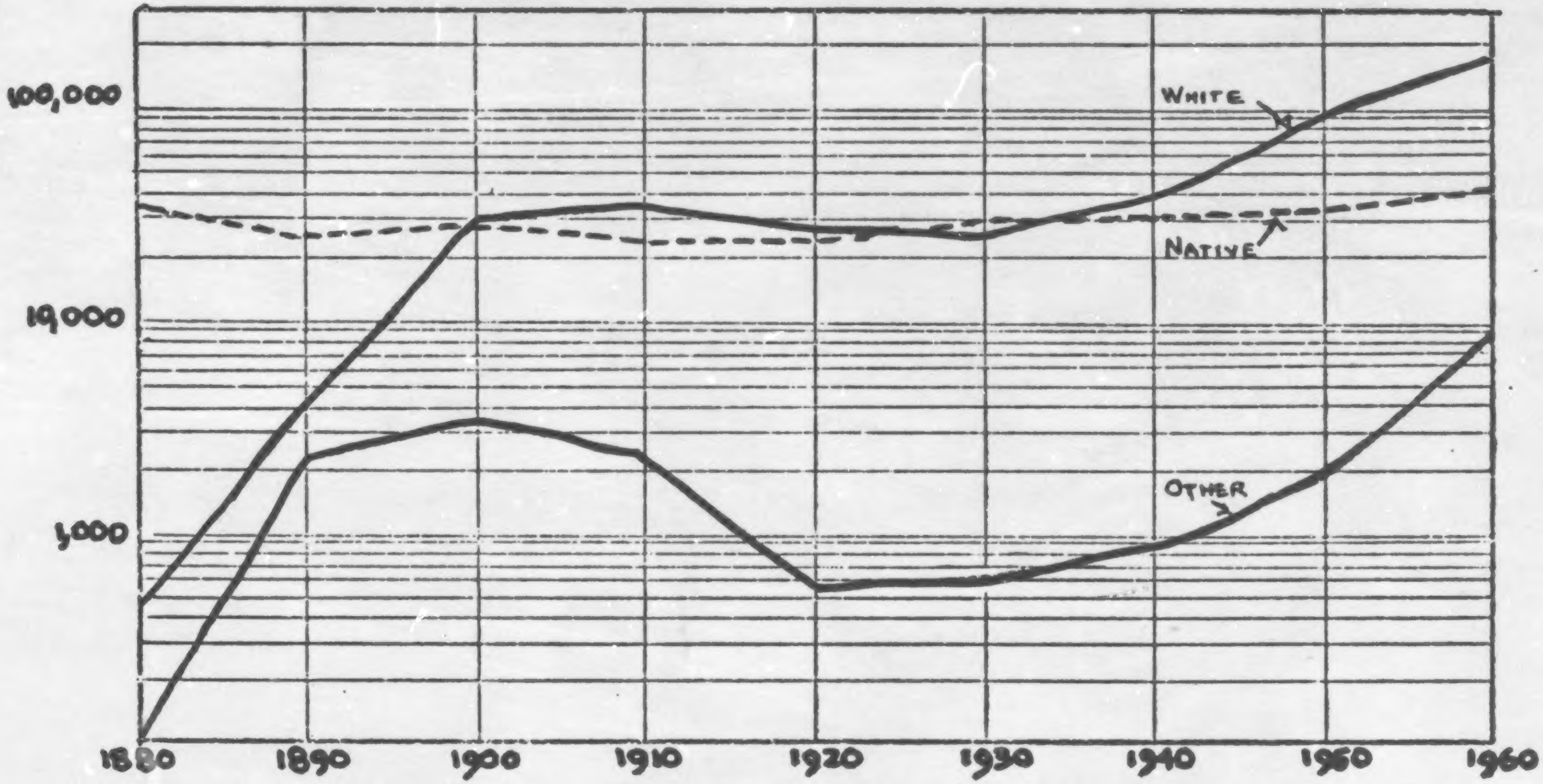
. MAJOR COMPONENTS OF ALASKA'S POPULATION GROWTH, 1840-1960



SOURCE: SEE TABLE P-3 IN THE STATISTICAL HANDBOOK.

Source: Alaska's Population and Economy - C.W. Rogers & R. A. Cooley 1962

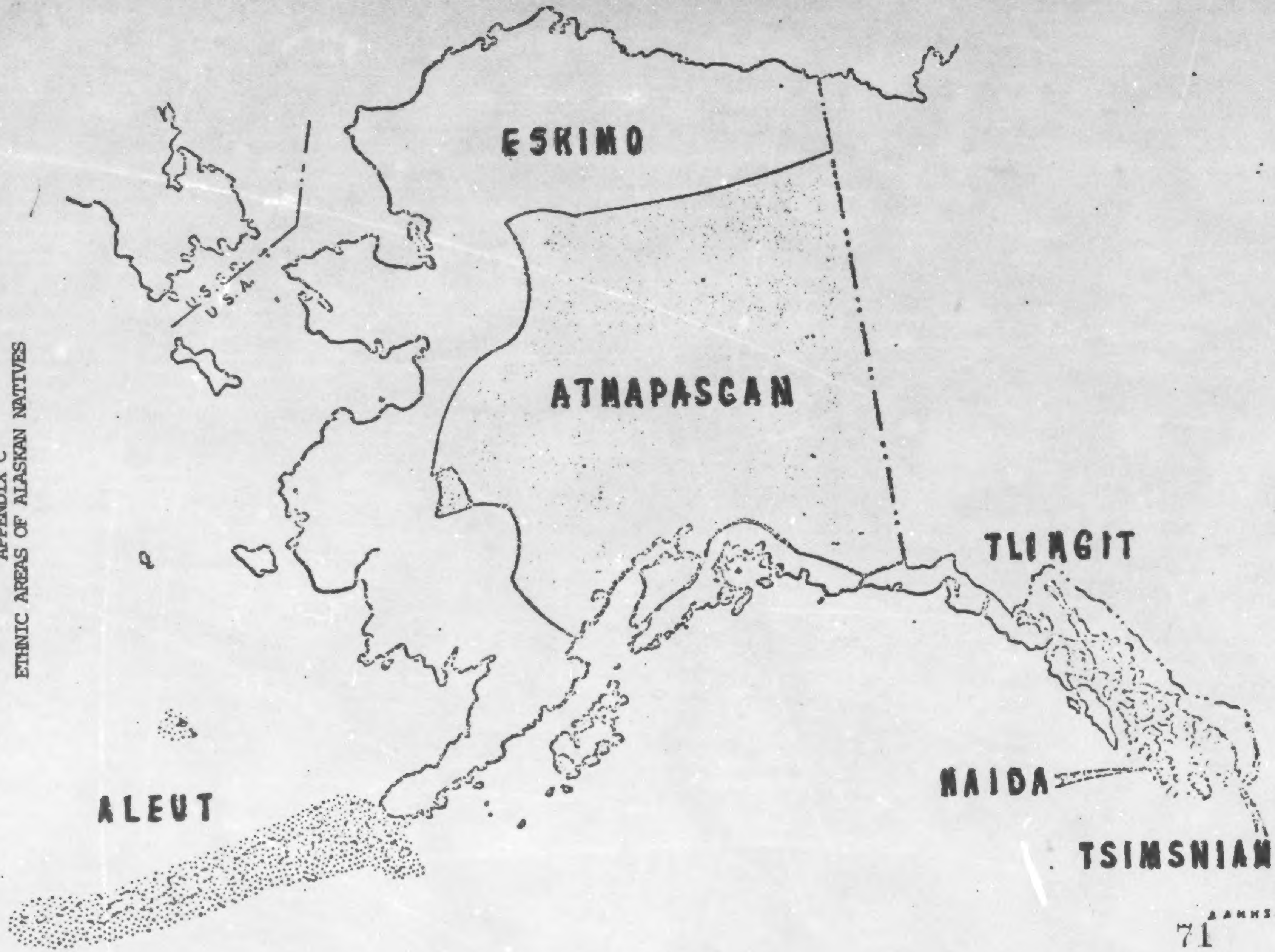
RACIAL CHARACTERISTICS OF ALASKA'S POPULATION 1880-1960



SOURCE: SEE TABLE P-20 IN THE STATISTICAL HANDBOOK.

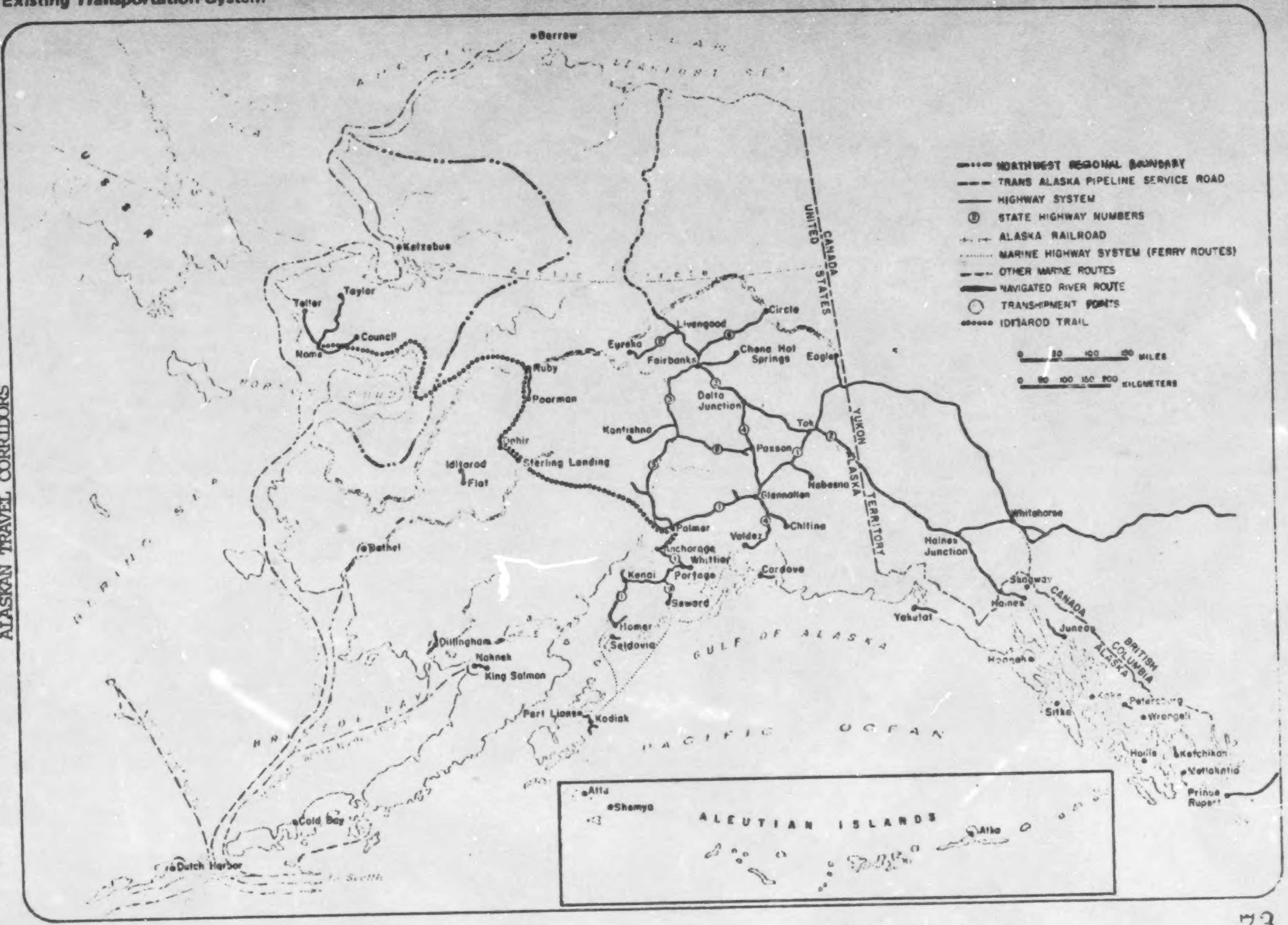
Source: Alaska's Population and Economy, C.W. Rogers & R. A. Cooley, 1962

APPENDIX C
ETHNIC AREAS OF ALASKAN NATIVES


ESKIMO
U.S.S.R.
U.S.A.
ATHAPASCAN
TLINGIT
HAIDA
TSIMSHIAN
ALEUT

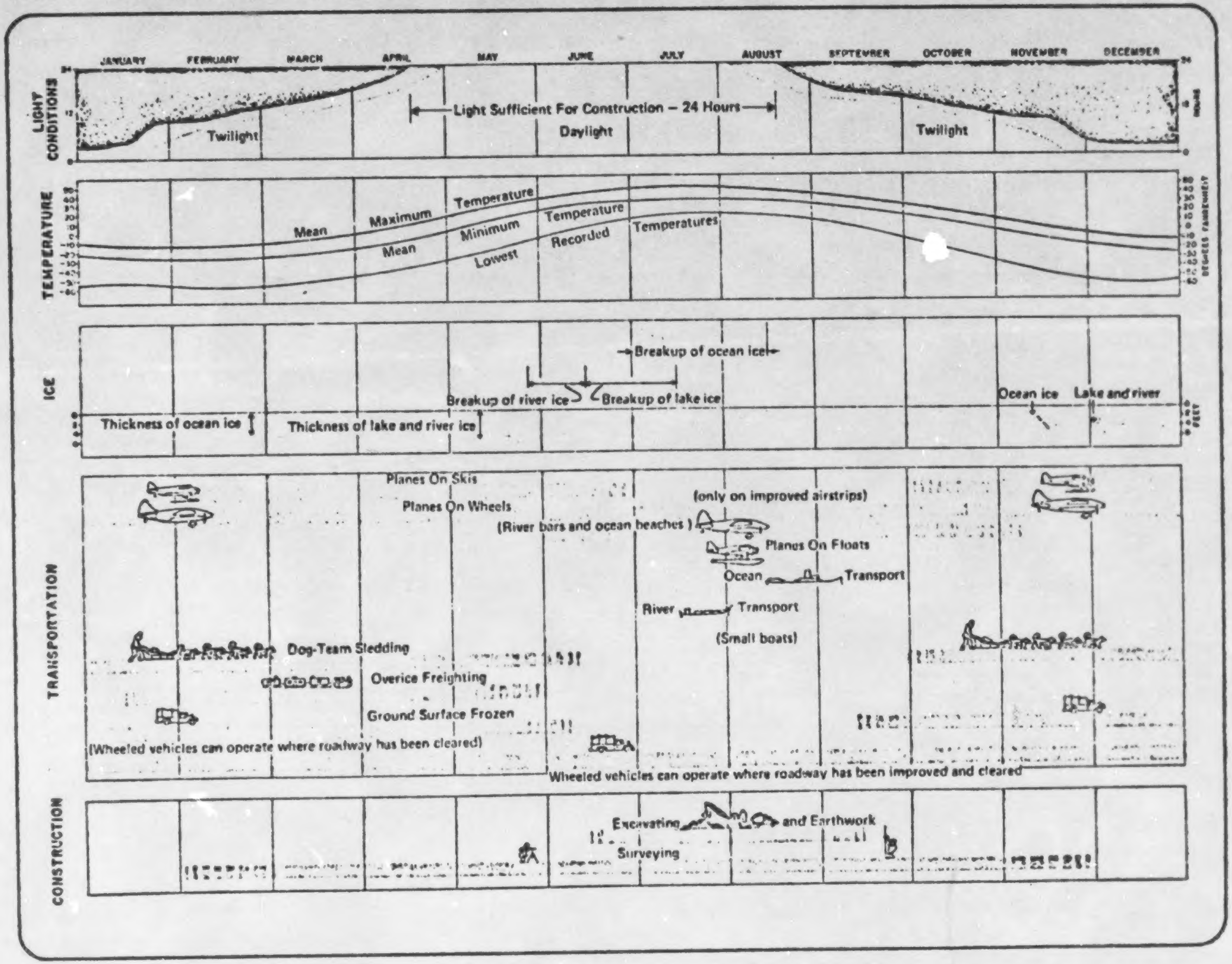
59

APPENDIX D
ALASKAN TRAVEL CORRIDORS



Barrow
ARCTIC OCEAN
BEAUFORT SEA
Kotzebue
ARCTIC CIRCLE
Teller
Taylor
Council
Nome
NORTON SOUND
Ruby
Poorman
Ophir
Sterling Landing
Iditarod
Flat
Kantishna
Eureka
Livengood
Circle
Fairbanks
Chena Hot Springs
Eagle
Delta Junction
Tok
Paxson
Nabesna
Glennallen
Chitina
Palmer
Anchorage
Whittier
Valdez
Cordova
Kenai
Portage
Seward
Homer
Seldovia
Bethel
BERING SEA
Dillingham
Naknek
King Salmon
BRISTOL BAY
Port Lions
Kodiak
Cold Bay
Dutch Harbor
To Seattle
GULF OF ALASKA
PACIFIC OCEAN
Yakutat
UNITED STATES
CANADA
YUKON TERRITORY
ALASKA
Whitehorse
Haines Junction
Skagway
Haines
Juneau
Hoonah
CANADA
BRITISH COLUMBIA
ALASKA
Sitka
Kake
Petersburg
Wrangell
Hollis
Ketchikan
Metlakatla
Prince Rupert
Attu
Shemya
ALEUTIAN ISLANDS
Atka
NORTHWEST REGIONAL BOUNDARY
TRANS ALASKA PIPELINE SERVICE ROAD
HIGHWAY SYSTEM
STATE HIGHWAY NUMBERS
ALASKA RAILROAD
MARINE HIGHWAY SYSTEM (FERRY ROUTES)
OTHER MARINE ROUTES
NAVIGATED RIVER ROUTE
TRANSHIPMENT POINTS
IDITAROD TRAIL
0 50 100 150 MILES
0 50 100 150 200 KILOMETERS

Climatic Effects on Resource Development and Transportation



POPULATION OF ALASKA'S MAJOR TOWNS AND CITIES
1880-1960

Place	1880	1890	1900	1910	1920	1930[1]	1940[1]	1950	1960
Nome	---	---	12,488	2,600	852	1,213	1,559	1,876	2,316
Fairbanks	---	---	---	3,541	1,155	2,101	3,455	5,771	13,311
Anchorage	---	---	---	---	1,856	2,736	4,229	11,254	44,237
Seward	---	---	---	534	652	835	949	2,114	1,891
Kodiak[2]	288	495	341	438	374	442	864	1,710	2,628
Cordova	---	----	---	1,152	955	980	938	1,165	1,125
Valdez	---	---	315	810	466	442	529	554	555
Juneau	---	1,253	1,864	1,644	3,058	4,043	5,729	5,956	6,797
Ketchikan	---	40	459	1,613	2,458	3,796	4,695	5,305	6,483
Sitka	721	1,190	1,396	1,039	1,175	1,056	1,987	1,985	3,237
Wrangell	106	316	868	743	821	948	1,162	1,263	1,315
Petersburg	---	---	---	585	879	1,252	1,323	1,619	1,502

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[1] As of Oct. 1, 1929 and Oct. 1, 1939.

[2] Known as St. Paul in 1880 and 1890.

Source: Decennial census reports of U. S. Bureau of the Census.

APPENDIX G

NATIVE CORPORATIONS IN ALASKA

Profit	Non-Profit
Ahtna Corp. P. O. Box 823 Cooper Center, Ak. 99573	Cooper River Native Assoc. Glenallen, Ak. 99588
Aleut Corp. 833 Gambell Anchorage, Ak. 99501	Aleut League 833 Gambell Anchorage, Ak. 99501
Arctic Slope Regional Corp. Box 566 Barrow, Ak. 99723	Arctic Slope Regional Corp. Box 566 Barrow, Ak. 99723
Bering Straits Native Corp. P. O. Box 1008 Nome, Ak. 99762	Kawerak Corp. Box 1008 Nome, Ak. 99762
Bristol Bay Native Corp. P. O. Box 237 Dillingham, Ak. 99576	Bristol Bay Native Assoc. P. O. Box 237 Dillingham, Ak. 99576
Calista Corp. 516 Denali Anchorage, Ak. 99501	Yupiktak-Bista Bethel, Ak. 99599
Chugach Natives, Inc. 912 E. 15th Anchorage, Ak. 99501	North Pacific Rim Native Corp. 912 E. 15th Anchorage, Ak. 99501
Cook Inlet Regional Corp. 1211 W. 27th Anchorage, Ak. 99503	Cook Inlet Native Association 670 W. Fireweed Lane Anchorage, Ak. 99503
Doyon Limited 527 3rd Fairbanks, Ak. 99701	Tanana Chiefs Conf. 1st and Hall St. Fairbanks, Ak. 99701
Konaig, Inc. P. O. Box 746 Kodiak, Ak. 99615	Kodiak Area Native Assoc. P. O. Box 746 Kodiak, Ak. 99615
Nana Regional Corp. P. O. Box 49 Kotzebue, Ak. 99752	Maunelak, Inc. Box 256 Kotzebue, Ak. 99752
Sea Alaska Corp. 811 W 12th Juneau, Ak. 99801	Tlinget-Haida Central Council 114 S. Franklin St. Juneau, Ak. 99811

Alaska Native Foundation (ANF) 274-5638 or 277-6533
515 D Street 8 am - 5 pm M-F

Purpose: To provide technical assistance and support to the 12 native regional corporations and the Alaska Federation of Natives and villages.

Services: Publishes the "Alaska Management Report" relating information on the Native Claims Settlement Act, regional and village corporate activities, and special topics. Provides assistance to the native corporations in the areas of land management.

Aleut League 278-3567
833 Gambell 8 am - 5 pm M-F

Purpose: To advance the economic, social and cultural development of natives from the Aleut region.

Services: Education - Provides counseling services for vocational training and higher education, including information on financial aid. Manpower - Job counseling, training, and employment referral. Health - Counseling for alcoholics, youths, and families, and persons suffering from depression. Also helps with Aleut villages in establishing health clinics.

Taheta 274-3223 or 274-3125
546 East 15th Avenue 8 am - 6 pm M-F

Purpose: Half-way house for indigent natives who are recovering from alcoholism or drug addiction.

Services: Room and board. Emergency housing assistance. Rehabilitation program. Facilities for 20 men and 5 women. Average length of stay is 90 days. Clients are referred from other agencies.

Fees: $200 a month

Native Outreach 272-0643
1420 Cordova Street 9 am - 5 pm M-F

Purpose: To help with the change of lifestyle from the bush areas to the city.

Services: Family counseling. Help with transportation. Crisis intervention. Information and referral. Open to anyone.

Alaska Federation of Natives (AFN) 274-3611
670 West Fireweed Lane 8 am - 5 pm M-F

Purpose: To promote pride on the part of natives in their heritage and traditions; to preserve customs, folklore and art of native races, and to promote the physical, economic and social well-being of Alaska natives.

Services: Financial assistance to meet special educational needs of Indian children. Includes cultural heritage/bilingual programs, and counseling. Pipeline construction training programs. Referral and screening for pipeline-related jobs.
Assistance to natives in establishing and expanding rural businesses.

Cook Inlet Native Association (CINA) 278-4641
670 West Fireweed Lane 8 am - 5 pm M-F

Purpose: Non-profit arm of Cook Inlet Native Regional Corporation. Goals are same as those of AFN: to promote pride on the part of Alaska natives, to preserve customs, folklore and art of native races, and to provide the physical, economic and social well-being of natives.

Services: CINA researches, develops and maintains health, education, social services and manpower programs for Anchorage and the Cook Inlet Region. Alaska natives do not have to be enrolled in the Cook Inlet Region to receive services. Services include: Boarding home program for high school students. Community Health Aides in native villages. Adult and student driver education. Youth recreation and career guidance program. Transportation for students and adults. Job training and placement, Child abuse and neglect program. Social Service program; Airport Native Assistance Center; Daycare program; and Community Outreach Program.

Fees: None. Many programs are funded through State and Federal monies.

Airport Native Assistance Center 274-1016
Room C-249, Anchorage International Airport 8 am - 5 pm M-F

Purpose: To make native Alaskan travelers feel welcome and at home in Anchorage.

Services: Transportation to hospital and other destinations. Help with baggage retrieval and getting oriented to Anchorage. Guide book offering information on programs and facilites for natives in Anchorage is available. Social worker on duty is multi-lingual and can help with just about anything.

Fees: None. Sponsored by Cook Inlet Native Association.

Bureau of Indian Affairs (BIA) 265-5235
1675 C Street 8 am - 5 pm M-F

Purpose: A Federal agency providing direct services to native Alaskans.

Services: Education assistance (265-5266). Student grants to pursue higher education.
Employment assistance (265-5241). Vocational training and job placement. Current emphasis is on pipeline-related employment.
Social services (265-5256). Emergency rent, food and transportation assistance, plus a wide variety of family services and help with problems.
Credit and Housing (265-5247). Loans to small native-run business, when funds are available. Housing assistance applies mainly to bush communities, not Anchorage.

Alaska Native Medical Center (ANS) 279-6661
3rd and Gambell

Purpose: To provide health services for Alaska natives residing in the Anchorage service unit. One of seven hospitals under the Alaska Area Native Health Service.

Services: All levels of medical care provided for Alaska natives, from emergency first aid to surgery and intensive care. This is the largest and most sophisticated native hospital in the State, and often serves patients from outlying health centers. Injured and ailing foreign merchant seamen also cared for here. 24-hour emergency room.
Educational counseling to encourage and guide natives wishing to pursue higher education.
Assistance in organization and development of health planning agencies in rural Alaska, with goal of achieving local consumer control of health programs serving Alaska natives.
Education of rural Alaskans in the ins and outs of dealing with the judicial system.

Fees: None. Many programs provided by AFN are funded through various Federal grants.

North Pacific Rim Native Corp. 276-2121
912 East 15th Avenue 8:30 am - 5 pm M-F

Purpose: Non-profit organization serving the natives of the Chugach Region (Icy Bay to the eastern tip of the Kenai Peninsula).

Services: Many programs affecting the pride and integrity of Chugach area natives. Assistance in placing natives into pipeline work, through referral to the Chugach Region or other pipeline subcontractors.

Indian Education Program
Anchorage School District
4600 DeBarr Road

333-9561, ext. 211
8 am - 5 pm M-F

Purpose: To offer extended educational services to Alaskan Native or American Indian students.

Services: Covers elementary to secondary levels. Provide tutorial services, counseling, cultural enrichment programs, traveling teachers (Alaska Native literature, Alaska studies and current issues, Alaska Native land claims), resource programs with cross cultural emphasis (bring in Native crafts people to visit and teach in schools - do woodcarving, beadwork, Native stories and legends and Eskimo dancers), sponsor cultural clubs for Native and American Indian students, emergency funds for students in financial need of school supplies, glasses, etc.

Alaska Native Education Board
Alaska Bilingual Education Center
4510 International Airport Road

279-8556
8:30 am - 5 pm

Purpose: To aid in the continuing use of Native languages in Alaska.

Services: Print language materials for use in the schools, including cultural social studies units and readers; help train teachers to conduct bilingual programs throughout the State. The board has representatives from each of the 12 non-profit Native corporations. Programs or materials in Aleut, Tlingit, Athapaskan, and Inupiaq.

Fees: None. Materials on sale to cover printing costs.

Alaska Native Commission on Alcoholism
and Drug Abuse (ANCADA)
528 W. 5th Ave., Suite 8

274-7435
8:30 am - 5 pm

Purpose: To support alcoholism programs in Alaska by training, technical assistance and media services.

Services: Works directly with AFN and the regional health corporation. Programs include: the Alaska Public Education project in conjunction with the National Council on Alcoholism to provide media materials throughout the State; the Alaska Native Spec ial Alcoholism program which provides technical assistance throughout rural Alaska to the regional health corporations.

APPENDIX H

Introductory Letter and Questionnaire Administered to Agencies

ANCHORAGE

Dear Colleague:

Faculty, advanced undergraduate and graduate students of the department of Sociology and Anthropology of the University of Alaska, Anchorage are in the process of initiating a needs-assessment study of the Older Alaskan Natives in the urban (Anchorage) area. In conjunction with this study we are initially attempting to determine the extent of services being supplied to these people at this time.

We would appreciate your consideration of the enclosed questionnaire related to the provision of services to elderly natives. In the near future a member of the research team will be contacting you for an appointment to discuss this questionnaire and your agency's involvement with the study population.

Sincerely,

Kerry D. Feldman, Ph.D.

Chuck H. Hines, Project Director

KDF/CHH/sld

Enclosure

NEEDS ASSESSMENT PROJECT: ELDERLY ANCHORAGE NATIVE PEOPLES

Department of Anthropology
University of Alaska, Anchorage, 1978

Information Form A: Social Service System

____

Date ______________, 1978 Name of Interviewer ______________________

1. Organization ____________________. 2. Address ____________________
Phone ____________________
____________________ 3. Person Responding ____________________

4. Title or Position of Respondent ______________. 5. Organization

Level: 1) Federal b) State c) Municipality d) Private

6. Services Provided (economic, medical, legal, family, child care, etc.)

______________, ______________, ______________, ______________,

______________, ______________, ______________, ______________

7. Organization Budget FY Year ______________________________.

8. Amount of budget allocated directly or indirectly to elderly ______________.

9. Prerequisites for program eligibility (for elderly): a) minimum age __________,

b) need ______________ c) Other (specify) ______________________.

10. Number of elderly utilizing your services FY 1977:

(Count each person that used your services, not how often each person made repeated use.)

I. Non-native __________; Male _____, Female _______

II. Native Eskimo ________, Native females __________

Indian ________, Native males __________

Aleut ________

Total Elderly ____________

11. Approximate average amount of direct aid received by each elderly person (financial, hours per month, value of goods, etc.) ______________________.

12. Number of staff in your organization involved with providing social services _______.
Number of staff in your organization involved with helping the elderly:

A. Directly
full-time _______, part-time _______

B. Indirectly
full-time _______, part-time _______

C. Volunteers _______

13. When did programs begin for serving elderly: year __________
Native elderly: year __________

14. Would you assign a rank from 1 to 7 ("1" would refer to the main problem) of the problems of the Native elderly in Anchorage in your opinion. (After you have selected seven problems, leave the others blank.)

Problem	Rank
ECONOMIC	
Jobs	____
Income	____
Cost of living	____
HEALTH	
Physical	____
Mental	____
Nutrition	____
TRANSPORTATION	____

Problem	Rank
HOUSING	
Quality of	____
Availability of Public Housing	____
Location of	____
Availability of Private Housing	____
PUBLIC ATTITUDE TOWARDS NATIVE ELDERLY	____

Problem	Rank
MEDICAL CARE	
Quality of	____
Quantity of	____
Nursing Home Care	____
Other (specify)	______
ALCOHOL	____
CRIMES AGAINST ELDERLY	
Actual	____
Fear of	____

Other problems (such as lack of friends, absence of relatives, language problems, etc.) ______________________________

15. Briefly discuss the main problem you have identified above (why did you assign it the highest ranking? ______________________________

16. How does your organization make the public aware of the needs of elderly Natives? ______________________________

17. How does your organization inform Native elderly of the services it provides? ______________________________

18. What, if any, are the future plans of your organization to expand or limit your present program efforts as regards Native elderly people: ______________________________

19. Briefly evaluate your present program in terms of its strengths and weaknesses as regards the Native elderly, and suggest improvements in this regard. ______________________________

20. What additional information would you find useful from this project? ______________________________

Your cooperation in completing this information form is sincerely appreciated. A member of our research project will contact you in person to collect the information and discuss the matter with you more fully. No more than 20-25 minutes would be required. No individual person will be identified in the report. It is the nature of the social service delivery system as a system in regard to elderly Native people in Anchorage which primarily concerns us. Any further questions may be addressed to Kerry Feldman, Ph.D., Associate Professor, Department of Anthropology, UAA, Phone 272-5522, ext 214, or Mr. Chuck Hines, Project Director, 272-5522 ext 216.

APPENDIX I

Responses to Main Perceived Problems by Social Service Agencies

01 People are not concerned with the elderly native. The time is not taken to communicate what services are or to listen to what the special needs are for the natives.

02 Transportation is a problem for all elderly particularly those who may have language difficulties or lack the confidence to assert their rights on public transportation.

03 Often the native elderly provides shelter to many of his family and friends. Most are on fixed incomes. Often these guests do not have much money themselves and with the cultural tradition they never close their doors to family or friends, this puts them in a bind.

04 Most problems - housing, transportation stem from economic situation. Most living on fixed income. Social security, SSI. Lack of low cost senior housing in Eagle River.

05 No response.

06 Those we serve are low income, alone, with definitely poor housing. Often need transportation help.

07 Cultural adjustment and integration into the economic structure of Anglo society while maintaining native social ties and support systems.

08 Because proverty is the number one basic problem and itself causes many of the others.

09 Natives came to Anchorage after living in communities where cost of living was subsistence and they didn't worry about money. They usually have only basic living skills and none for working in an urbanized society.

10 Lack of income management. It creates problems in all areas of their lives.

11 Housing is the number one problem for elderly persons in Alaska, native or non-native.

12 Problems with alcohol are at the core of other problems.

13 Living in a rapidly changing, urban, increasingly complex and technical city with a value system predominately "Lower 48" oriented would seem to cause the native elderly with a different culture, coping problems.

14 Too many of our native residents go out and get drunk at the top of the hill. They come back a little rowdy.

15 Transportation, because of problems of right on spot hospital appointments, errands; physical - lack of communication between doctor and patient. Public attitudes - no consideration of language barrier or similar problems. Income is minimus to live on. Nursing home care, language, jobs. Alcohol is problem because of no out-reach.

16 Older people still retain strong cultural ties to native customs and traditions and miss them deeply in Anchorage. The extended family has broken down here and the older people have lost their traditional role as advisor to younger people. Consequently they miss all aspects of village life.

17 Lack of much income tends to make worse the problem of housing, health, transportation, turn to drinking, etc.

18 Transportation: we are most familiar with this problem, as we deal with bus passes. Housing is a big problem and we deal with it a lot. Health and related problems are dealt with a lot.

19 I have encountered more alcohol related problems than others.

20 Discrimination against elderly native and knowledge of their rights.

21 With adequate income other material things should follow, and one can thumb ones nose at public attitude.

22 You only have to live in Anchorage to know that alcohol is the number one problem among all groups here, not just natives and/or elderly. Any other problems are just compounded by this number one problem.

23 Without an adequate income many of the other problems tend to appear, whereas with an adequate income some of the other problems disappear.

24 Low need standards make it extremely hard for elderly to cope with high cost of living in Anchorage, resulting in poor nutrition, and other related problems.

25 No response.

26 No response.

27 Most need additional money because of the high cost of living.

28 No response.

29 From the minimal contact we do have with the native elderly the need for a better income is a major problem with alcoholism rating a very close second.

30 The nursing care and housing for our elders would be the two most ranking problem areas.

31 (1) Isolation
(2) Exploitation - Adult children with multiple problems at times rely on elderly or ill parents and tax (at times exploit) parental minimal resources.
(3) Miss traditional native foods.
(4) Transportation (All senior and handicapped see this as inadequate).

32 Housing within price range which elderly can afford is not available.

33 Not many native people have cars, many do not know how to drive. (Identification cards often require drivers license.) Bus system too skimpy, time schedules cause anxiety.

APPENDIX J
PROBLEM FREQUENCY

Problem	Frequency of Listing
Economic	27
Health	19
Transportation	22
Housing	21
Public Attitude	12
Medical care	13
Alcohol	17
Victim of crime	4
Language	14
Social Cultural Skills	6
Family	8

Source: Responses to agency questionnaire

APPENDIX K

Student Members of Research Project Team

Participants

This project was conducted as a team effort and as a result all members were involved in a variety of tasks including agency interviewing, data statistics review, observation, enumeration, service provision, publicity development and subject interviewing. All members participated full-time in the project.

Bates, Penny
Evan, Dina
Hines, Charles
Jones, Lyle
Ledbetter, Mary L.
Libby, Kathy
McGrath, Anita
Pittinger, Dean

Advisors

Several people volunteered to serve in an advising capacity to varying degrees. These individuals represent a variety of backgrounds and experience in the native area:

Amidon, Willie
Dauenhauer, Nora
Goodhope, Pearl
Gularte, Tanya
Sossok, Tony Jr.
Peavy, Bertha
Jackson, Agnes
Smith, Mary
Stanley, Mae
Wennekens, Alix
Hansen, Henrietta

Paid Consultants

These individuals represented a background of experience of working with the elderly native and possessed the ability to carry out a wide variety of tasks.

Farrens, Cindy
Hanak, Mary Ann
Higa, Wayne
Williams, Janna

Feldman, Kerry, Ph.D. - Faculty Advisor and Chairman, Department of Anthropoloty

Dr. Feldman participated in all phases of the project and met periodically with the study group in the capacity of advisor.

Other faculty participated in all phases of the project and met periodically with the study group in the capacity of advisors. Other faculty members providing advice and information included:

Steve Langdon, Assistant Professor, Anthropology
Jack Peterson, Associate Professor, Sociology
Mike Baring-Gould, Associate Professor, Sociology
Rick Ender, Associate Professor, Business & Public Administration

APPENDIX L

THE INSTITUTIONAL CONTEXT OF HEALTH CARE FOR ELDERLY ALASKAN NATIVES: ANCHORAGE

Report prepared by Penny Bates
for the Sixth Annual Alaskan
Anthropology Association
Conference, Fairbanks, Alaska
April 6 and 7, 1979

APPENDIX L

The Institutional Context of Health Care for Elderly Alaskan Natives: Anchorage

The elderly Alaskan Natives living in Anchorage have an advantage relative to their rural counterpart with respect to health care in that they live in close proximity to medical facilities, housing and sanitation conditions are relatively better, and they have access to social services and additional health support such as the Municipal Health Department blood pressure screening, home health aids and hot meal programs.

The health care facilities available to residents of Anchorage include: the Alaska Native Medical Center, two private hospitals, a military hospital, some 200 private physicians, the Neighborhood Health Center and the Alaska Psychiatric Institute but, as with rural residents, health care to the Alaskan Native in Anchorage is provided predominantly by Indian Health Service at the Alaska Native Medical Center. Built in 1953 as a chronic disease hospital mainly devoted to the treatment of tuberculosis, ANMC today is a short term general hospital providing ambulatory and primary care for the Anchorage Service Unit and referral care for the statewide I.H.S. system. It has a bed capacity of 170 with a full-time staff of 37 physicians, 9 dentists and 183 nursing personnel. The Outpatient Service of the hospital provides care of acute and chronic problems, basic health surveillance five days a week and 24 hour emergency coverage. Additionally, twenty-seven specialty clinics are conducted per week.

In addition to serving the Anchorage area, the ANMC staff provide care to over 40 villages and the non-Native communities of Kodiak, Seward and Kenai within the Service Unit which encompasses over five of the Native Regions as defined by the Alaska Native Claims Settlement Act. Of the estimated 15,380 Natives in the Service Unit, 11% are between the ages of 45 and 64 years old, and 4% are over 65.

The Anchorage Hospital can provide medical services which are not available at other service unit hospitals, and as a result many of its inpatients are from other parts of the State. The dental clinic and outpatient departments also see patients who are visiting the city or traveling through Anchorage. All of these factors serve to tax the resources of the facility which would otherwise seem adequate to meet the needs of the city residents.

To examine the causes of illness of the elderly urban Native we chose to use statistics reported by IHS for the Outpatient Service assuming that the majority of the ambulatory visits were by residents of Anchorage and that this facility was the primary source of health care. Ninety percent of the respondents in our survey indicated that their sole medical treatment is provided by ANMC and 80% have received medical care within the past year. Inquiries at the two private hospitals in Anchorage revealed that only 30 elderly Natives were seen there in the last year and these were mostly from outside of Anchorage and were referrals from IHS for pacemaker implants.

Table I shows the use by age of the outpatient department and IHS population estimates. Note that the 45 - 64 and 65+ age groups have a higher percentage of revisits compared to the other age categories which may indicate that the older age groups experience more chronic ailments requiring successive visits. Note also that in proportion to the percentage of the population the 45 and older cohort is not the highest use group of the facilities (the 25 - 44 age group is the highest user). Table II lists the leading causes of outpatient visits by total diagnosis and compares the figures for the ANMC facility and those reported for the statewide Native population. Hypertensive disease, accidents, refractive error, upper respiratory infection, eczema, uticaria and skin problems and diabetes melitis are the major causes of illness both in Anchorage and statewide. IHS nationwide figures for Native Americans show that diabetes, Ischemic heart disease and congestive heart failure are listed among the six leading causes of illness.

In Alaska there appears to be no significant difference in the leading causes of outpatient visits between urban and rural elderly Native populations. Due to the mobility of the population between urban and rural communities and the fact that cross-cultural contact is not confined to the urban areas, there is no clear distinction between the urban and rural elderly that is manifested in stress related illnesses or those associated with change to western diet. Diachronically, IHS reports show that both rural and urban groups exhibit the same trend of increasing incidence of cardiovascular and cerebrovascular diseases, cancer and diabetes melitis. The leading causes of death both statewide and in Anchorage of the elderly Native are heart disease and hypertension, malignant neoplasms and accidents. In the Anchorage Service Unit in 1976, 35.6% of the deaths were in the 55 and over age group. Of these 28% were due to heart disease and 25% to malignant neoplasms.

Health is a major concern of the elderly Native. While 74% of our respondents classified their own health as fair or good, over one-fourth reported a disability, one-third said they moved to Anchorage for health reasons and one-third reported health as their most important concern. The general impression is that they are satisfied with the medical services received at ANMC and prefer the Native hospital because of familiarity and the presence of friends and Native employees (40% of whom are Native Alaskans).

The difficulties that the elderly have with obtaining health care stem from the services the hospital cannot provide due to budgetary limitation - the major deficiency being dental care. Insufficient clinic time and limited resources restrict the availability of dental care in proportion to the need acknowledged by the service unit. Priorities have been established in the order of: emergency care, routine preventative and restorative services for children and young adults, and finally for older adults. Corrective orthodontic treatment is not available nor are prosthetic services for 6 our of 10 people that require dentures, crowns or bridges. Appointments cannot be given to all that require treatment and of those that do see a dentist, the Clinical Progress Report, which is admittedly underreported, shows that of the services required of patients 55 and older, less than 50% could be provided. During the past six years, dental health has consistently been ranked among the top three priorities of health care by the Native Health Board, but no significant increases in direct dental care funding have occurred.

Inadequate dental care could have serious ramification on nutritional aspects of the elderly Native's health.

The transportation difficulties of the elderly are magnified when the person is ill or disabled, cannot walk to bus stops or needs transportation in an emergency. ANMC operates three vans to transport patients to and from the airport and between ANMC and private hospitals, but they cannot provide transportation to Anchorage residents to and from their homes. One vehicle is equipped with oxygen and a stretcher but otherwise the city ambulance must be used for emergencies and this costs the patient $50 per ride unless staff authorization is given for reimbursement by the hospital.

Waiting time for appointments and walk-in visits at the ambulatory clinic is excessively long. This is a major complaint of the patients and a recognized problem by the staff. What can amount to a two hour wait to be seen by the physician can be a deterrent to seeking routine medical checkups.

Both service unit staff and the CINA Health Department recognize these problems but funds and existing programs are insufficient to deal with them. Recently allocated funds for an IHS contract with CINA for emergency medical transport had to be channeled to provide transportation to ANMC from outlying areas in the service unit, so do not help the situation for the urban resident. In April CINA will be opening a dental clinic and well-patient office. The dental clinic will be open five days a week with one dentist and assistant detailed from ANMC. This is not an addition of staff but will increase the clinic space and in a location more convenient to some residents. The wellness center staffed by an LPN and Physician Assistant will provide preventative health education and routine health surveillance in the form of blood pressure checks and urine analysis but cannot dispense medication or prescribe treatment. CINA also has provided a Community Health Representative to work at both ANMC and the new clinic as interpreter and counselor.

While IHS and CINA funds are inadequate to address all the needs of the elderly, it is recognized that there are other resources in the community and State and Federal programs that are available but are being underutilized. The major reason is a lack of information. The elderly need information on alternative programs and benefits such as community health services and medicare to which they are entitled; and the local agencies including CINA Health Department need information on the elderly so they can identify needs and address the problems. For example, PL 437, the Indian Health Care Improvement Act has provisions for extended care for the elderly such as nursing homes if sufficient need can be demonstrated.

TABLE I
RESPONSES TO AGENCY QUESTIONNAIRE

Age	Anchorage Service Unit Native Population Estimate FY 78	Percent Population	Outpatient Visits at ANMC 1st Visits	% Change	Outpatient Visits by Revisits	% of Total Outpatient Visits
-1	370	2	1697	+ .4	1709	6
1-4	1660	11	3241	- 28	1854	8
5-9	2440	16	2952	- 40	1240	7
10-14	2230	15	2620	- 30	1420	7
15-24	2870	19	7764	- 14	5968	22
25-44	3460	22	9203	+ 3	9797	31
45-64	1750	11	3413	+ 10	4199	13
65+	600	4	745	+ 22	1155	3
Unspecified age	--	--	920		1006	3
Total	15,380		33,049		27,754	

Source: Office of Systems Development, Indian Health Service

TABLE II

Leading Causes of Outpatient Visits for Natives by Total Diagnosis
FY 1978

	ANMC Facility Anchorage Service Unit		State of Alaska	
	45	65+	45	65+
Hypertensive Disease	672	(1) 211	(1) 3,527	(1) 1,821
Accidents & Injuries	441	(2) 91	(3) 2,643	(3) 483
Refractive Error	285	(3) 68	(4) 840	(5) 268
Upper Respiratory Infection	197	(5) 32	(2) 3,728	(2) 1,258
Eczema, Uticaria, Skin	170	(6) 29	(5) 839	(6) 174
Diabetes Melitis	112	(4) 57	(6) 700	(4) 478

Leading Cause of Outpatient Visits

Nationwide Native North Americans at IHS Facilities and Contract APC

Ages 45 and Older

1. Accidents and injuries
2. Diabetes
3. Hypertensive Diseases
4. Arthritis
5. Ischemic Heart Disease
6. Congestive Heart Failure

( ) Rank order
Source: Office of Systems Development
APC Report IC

APPENDIX M

QUESTIONNAIRE ADMINISTERED TO
ELDERLY ALASKAN NATIVES LIVING IN ANCHORAGE

Date

1. Identification # ___

2. Community of Residence in Anchorage ___

3. Interviewer ___

4. Sex: M 1 ___

F 2 ___

5. Age ___ ___

6. Ethnic Background: Esk 1 ___

Ind 2 ___

Aleut 3 ___

7. Marital Status: Never Married 1 ___

Married 2 ___

Separated/Divorced 3 ___

Widowed 4 ___

N. A. 9 ___

8. Education (last year completed) ___ ___

9. Place(s) of Education:

10. Would you like to have more education? ___

MIGRATION HISTORY

11. How many years have you lived in Anchorage ___ ___

12. How many places have you lived : ___

13. Have you ever lived Outside?

14. Reason for moving to Anchorage:

Employment 1 ___

Spouse employment 2 ___

Health of self, spouse, family member 3 ___

(continued)

Education - self or family 4 ___

Financial 5 ___

Climate 6 ___

Other 7 ___

15. Housing:

Home owned by you (or spouse) 1 ___

Rented home 2 ___

Rented apartment 3 ___

Pioneer Home 4 ___

Senior housing 5 ___

Institution (nursing home) 6 ___

With relatives 7 ___

Other 8 ___

16. Occupation: If not applicable, apply to spouse

1 ___

2 ___

3 ___

4 ___

5 ___

6 ___

7 ___

8 ___

9 ___

17. Living situation now:

Alone	1	___
With spouse	2	___
With children	3	___
With friend(s)	4	___

With other (specify):

Ages of co-residents:

Total number of people living with you:

18. What is your religion, if any?

Russian Orthodox	1	___
Evangelistic Covenant Church	2	___
Baptist	3	___
Roman Catholic	4	___
Lutheran	5	___
Assembly of God	6	___
Episcopal	7	___
Other	8	___
None?	9	___

19. How often do you attend church?

At least once a week or more	1	___
At least once a month or more	2	___
At least once a year	3	___
Less	4	___
Never	5	___
N.R.	6	___

20. Do you watch PTL on T.V?

21. If so, how often?

22. Have you always been of this belief (is this the same religion as you had in your village)?

23. If not, what was your religion in the village?

ACCULTURATION

24. How frequently do you have the opportunity to speak your native language?

Daily	1	___
Weekly	2	___
Occasionally	3	___
Never	4	___
N. A.	9	___

25. How many days do you spend in your native village each year? ___ ___

26. Why?

Visit	1	___
Fishing	2	___
Hunting	3	___
Business	4	___
Other	5	___

27. Do you have relatives living there?

Yes	1	___
No	2	___

28. How easy is it to return to your village?

Easy	1	___
Moderately easy	2	___
Difficult (why?)	3	___

29. Do you prefer to speak your native language or English?

30. Do you practice any of the crafts/skills that you did in the village?

Yes	1	___
No	2	___

31. If yes, reason for doing so?

Income	1	___
Enjoyment	2	___
Other	3	___

32. Do you know of many older people who practice traditional crafts?

Few	1	___
Many	2	___
None	3	___

33. When you socialize, whom do you usually spend time with?

Family and/or relatives	1	___
Friends of same native background	2	___
Other (specify)	3	___

34. Do you make an effort to socialize with people from your own native background?

Yes	1	___
No	2	___

Explain:

35. Do you have proof of your age?

Birth Certificate	1	___
Baptismal record	2	___
Other	3	___
None	4	___

36. How frequently do you eat native foods?

Each week	1	___
Each month	2	___
Occasionally	3	___
Never	4	___

37. Would you like better access to these foods?

Yes	1	___
No	2	___

38. Is the native regional corporation which you belong to of:

Your village area	1	___
This area (Anchorage area)	2	___
Other	3	___
N. A.	4	___

39. How often do you engage in traditional native activities?

Native dancing	1	___
Native games	2	___
Sharing traditional stories	3	___
Traditional feasts (potlatch, whaling, etc.)	4	___
Native Arts and Crafts	5	___
Other	6	___

40. Do you belong to a village corporation?

41. Do you have title to land in your village corporation? (Native allotment)

42. Do you feel that you have a voice in your village corporation?

FINANCIAL - INCOME

43. Source of Income (Specify):

SELF: Work___; Savings___; Investments___; Crafts___ .	1	___
FAMILY: Spouse___; Children___; Relatives___.	2	___
NATIVE ASSOCIATION: BIA___; CINA___; AFN___.	3	___
STATE: Alaska Longevity Bonus___; Retirement___.	4	___
FEDERAL: Social Security___; SSI___; Veterans Benefits___.	5	___
Other	6	___

44. Amount of Usual Monthly Income:

Under 250	1	___
251 - 400	2	___
401 - 600	3	___
601 - 1000	4	___
over 1000	5	___
N. A.	9	___

45. What types of problems do you have concerning money?

Cashing checks	1	___
Paying bills	2	___
Making out money orders	3	___
Full return for crafts	4	___
Other	5	___

46. Do you have a job now?

No	1	___
Yes	2	___
N. R.	9	___

47. If not, would you like to have a job?

No	1	___
Yes	2	___
N. R.	9	___

48. If yes, why? (Interviewer: Try to get priority here.)

Enjoys working	1	___
Needs money	2	___
Other (specify):	3	___
Not applicable	4	___
N. R.	9	___

49. In terms of the money you have to spend, would you say you are about as well-off as most people your age?

Don't know	1	___
Worse	2	___
Same	3	___
Better	4	___
N. R.	9	___

50. During the past month, did you worry about money matters:

Very often	1	___
Often	2	___
Sometimes	3	___
Hardly ever	4	___
Never	5	___
N. R.	9	___

51. Who usually helps you get your check cashed or bills paid?

No one, do it myself	1	___
Spouse	2	___
Children	3	___
Other household member	4	___
Relative, friend or neighbor	5	___
Pay someone	6	___
Social Service staff	7	___
Other (specify):	8	___
N. R.	9	___

52. Are you satisfied with this arrangement?

No	1	___
Yes	2	___
N. R.	9	___

53. Who usually helps you manage your money and your home?

No one, do it myself	1	___
Spouse	2	___
Children	3	___
Other household member	4	___
Relative, friend or neighbor	5	___
Pay someone	6	___
Social Service staff	7	___
Other (specify):	8	___
N. R.	9	___

54. Are you satisfied with this arrangement?

No	1	___
Yes	2	___
N. R.	9	___

HEALTH

55. Concerning your health now, would you say it is:

Poor	1	___
Fair	2	___
Good	3	___

56. Compared to other people your own age do you think your health is better or worse?

Much worse	1	___
Somewhat worse	2	___
About the same	3	___
Better	4	___
Much better	5	___

57. Who usually helps you get to medical care?

Self	1	___
Spouse	2	___
Children	3	___
Relative	4	___
Pay some one	5	___
Social Service staff	6	___
Other	7	___

58. Where do you go for medical care?

ANMC	1	___
Home health agency	2	___
Public health agency	3	___
Anchorage Neighborhood Health Center	4	___
Private doctor	5	___
Other	6	___

Which of the following statements applies to you as regards receiving medical help as often as you need to?

59. I see a doctor as often as I need to. Yes___; No___

60. I don't see a doctor often enough because:

It is too expensive 1 ___

I can't get there 2 ___

I don't know a good doctor 3 ___

I don't like the treatment 4 ___

Other 5 ___

61. When was the last time you saw a doctor?

Did you know that you can get health and information from the following?

62. ANMC: Yes___; No___

63. Neighborhood Health Center: Yes___; No___

64. Do you receive any medical help in your home?

Yes 1 ___

No 2 ___

65. Do you have any problems with any of the following: (Read list)

	NO	YES
Breathing	1	2
Hearing	1	2
Seeing	1	2
Reading	1	2
Walking	1	2
Sleeping	1	2

(continued)

Eating most foods	1	2
Talking	1	2
Holding things	1	2
Bending	1	2
Lifting	1	2
Nerves	1	2
Headaches	1	2
Remembering	1	2
Dressing yourself	1	2
Feeding yourself	1	2
Bathing yoourself	1	2
Heart	1	2
Taking your medicine	1	2
Other disease (specify):	1	2
Disability (specify):	1	2

HOUSING

66. What type of housing do you live in?

Single family 1 ___

Trailer 2 ___

Duplex 3 ___

Fourplex 4 ___

Multiple 5 ___

Institutional 6 ___

8

Concerning the place where you live

		NO	YES
67.	Can you have visitors	1	2
68.	Can you have pets	1	2
69.	Can you work, do craft work or make things for sale	1	2
70.	Can you baby-sit	1	2
71.	Can you have children living with you	1	2
72.	Are there any other restrictions	1	2

73. How long have you lived in this apartment (home, house)?

74. If you were to move, what type of housing would you prefer?

75. Are you concerned about crime?

76. If yes, explain.

77. How much rent are you paying?

78. Is it convenient to:

	NO	YES
Stores	1	2
Church	1	2
School	1	2
Medical facilities	1	2
Recreation	1	2
Bus stop	1	2
Friends	1	2
Family	1	2

79. How do you feel about your apartment?

a)	large	1	___
	small	2	___
b)	safe	1	___
	unsafe	2	___
c)	comfortable	1	___
	uncomfortable	2	___
d)	clean	1	___
	dirty	2	___

80. How do you feel about your neighborhood?

a)	safe	1	___
	unsafe	2	___
b)	convenient	1	___
	unconvenient	2	___
c)	friendly	1	___
	unfriendly	2	___
d)	quiet	1	___
	noisy	2	___

FOOD - NUTRITION

81. Who usually helps you shop for food?

No one	1	___
Spouse	2	___
Children	3	___
Relative, friend, neighbor	4	___
Hire someone	5	___
Social service	6	___
Other	7	___

82. Who usually helps you prepare meals?

No one	1	___
Spouse	2	___
Children	3	___
Relative, friend, neighbor	4	___
Hire someone	5	___
Social service	6	___
Other	7	___

		NO	YES
83.	Do you ever buy native foods?	1	2
84.	Does anyone ever send food from the village?	1	2
85.	Do you do any subsistence hunting/fishing?	1	2
86.	Do you gather greens, roots, berries?	1	2
87.	Would you like to get more native foods than you do?	1	2
88.	Do you use food stamps?	1	2
89.	If not, why?		
90.	Do you know that there is a market in Anchorage which sells some native foods?	1	2
91.	Do you ever trade there?	1	2
92.	If not, why? (prices, convenience)		

		NO	YES
93.	Do you know about the hot meal program at CINA?	1	2
94.	Other hot meal programs?	1	2
95.	Do you ever go to hot meal programs?	1	2
96.	If no, why?		
97.	Do you ever have hot meals delivered to your home?	1	2
98.	Would you like to see a hot meal program which served native foods?	1	2
99.	What would your favorite food be? List 3.		

TRANSPORTATION

100. Which types of transportation do you use most frequently?

Drive car	1	___
Walk	2	___
Bus	3	___
Taxi	4	___
Friends provide or relatives	5	___
Senior Citizen Bus	6	___
Salvation Army Van	7	___
Family	8	___
Other	9	___

101. What individual usually helps you get to places you need to go?

No one 1 ___
Spouse 2 ___
Children 3 ___
Friends or relatives 4 ___
Taxi 5 ___
Social Service staff 6 ___
Other 7 ___

	NO	YES
102. Do you know that if you are past age 60 you can receive free or low cost transportation?	1	2
103. Do you have problems with bus schedule?	1	2
104. What do you think might be done to help transportation problem?		
105. If you did not have any of the regular means of transportation, would you use the People Mover?	1	2

106. If not, why?

107. What problems do you find in using the People Mover?

108. How might it be improved?

	No	Yes
109. Do you have relatives living the Anchorage area?		
110. If there is essential need, would it be possible for you to ask for their help, i.e. live with them, help maintain your apartment, etc.		

111. How often do you see or talk to those relatives

Everyday 1 ___
Several times a week 2 ___
About once a week 3 ___
About once a month 4 ___
Less 5 ___
Never 6 ___

112. Do you feel that you see them often enough or would you like to see them more often

More often 1 ___
About enough 2 ___
Less often 3 ___

113. What person in your neighborhood do you see most often?

114. How often it that?

Every day 1 ___
Several times a week 2 ___
Less 3 ___

115. Do you feel that is often enough

More often 1 ___
About right 2 ___
Less often 3 ___

116. In the past week how often did you leave your apartment (home, house)

Never 1 ___
1-2 times a week 2 ___
3-4 times a week 3 ___
Every day 4 ___

7. Who usually goes with you

No one	1	____
Spouse	2	____
Children	3	____
Relative, friend, neighbor	4	____
Social service staff	5	____
Other	6	____

8. Where do you usually go when you go out

Relatives or firends house	1	____
ANMC	2	____
CINA	3	____
Church	4	____
Bingo hall	5	____
Salvation Army	6	____
Shopping	7	____
Other	8	____

9. Are you a member of any club, group, organization (Alaska Native Brotherhood, Ladies Club at CINA.)

). Would you like to have more contact with your family than you do?

1. What is the greatest barrier to family contact

Distance	1	____
Time (too busy)	2	____
Lack of concern	3	____
Other	4	____

122. What social service agencies have you used during the past year? Did they help you?

____ People Mover	Yes	No
____ Senior Citizen's bus	Yes	No
____ Older Persons Action Group (OPAG)	Yes	No
____ CINA Hot Meal Program	Yes	No
____ Homemaker-Home Health Aide Program	Yes	No
____ Alaska State Housing Authority	Yes	No
____ Alaska Native Medical Center	Yes	No
____ Municipal Health Department	Yes	No
____ Neighborhood Health Center	Yes	No
____ University of Alaska Dental Clinic	Yes	No
____ Medicaid	Yes	No
____ Alaska Property Tax Exemption	Yes	No
____ Alaska Legal Services	Yes	No

123. Do you usually read a newpaper?	Yes	No
124. Do you usually listen to the radio?	Yes	No
125. Do you usually watch television?	Yes	No
126. What is your favorite program?		
127. Did you vote in the last election?	Yes	No
City	Yes	No
State	Yes	No
National	Yes	No
Native regional	Yes	No
Village Corporation	Yes	No

Taking everything into consideration how do you feel about your life at the present tim?

Very well satisfied 1 ____
Fairly well satisfied 2 ____
Poorly satisfied 3 ____

What do you feel you would need to keep you reasonably comfortable right now?

Money/material comforts 1 ____
Medical care 2 ____
Social interaction needs 3 ____
Advice/counseling 4 ____
Help with your home 5 ____
Civic involvement 6 ____
More companionship 7 ____
More contact with my family 8 ____
Other 9 ____

What is the most important thing in your life right now?

Income 1 ____
Health 2 ____
Activity level 3 ____
Social interaction 4 ____
Family relationships 5 ____
Other 6 ____

Do things upset you now that did not bother you when you were younger? Yes No

Explain:

133. What is your most important activity?

Carving ____
Sewing ____
Going to potlatch ____
Fishing ____
Berry picking ____
Bingo ____
Gardening ____
Other ____

134. How do you decide one is old?

Appearance 1 ____
Physical ability 2 ____
Chronological age 3 ____
Other 4 ____

135. Whose responsibility is it to provide for older people?

Family 1 ____
State 2 ____
Native organization 3 ____
Other 4 ____

136. When did you last see any of your adult children who do not live with you.

1. More than a year 1 ____
2. Within the year 2 ____
3. With the last month 3 ____
4. Within the last week 4 ____
5. Today or yesterday 5 ____

137. In what ways do you help others?

Caring for children 1 ____
Housekeeping 2 ____
Money 3 ____
Volunteer at hospital or institution 4 ____
Other 5 ____

138. How would you rank your concerns?

Health 1 ____
Finances 2 ____
Food-nutrition 3 ____
Housing 4 ____
Transportation 5 ____
Personal problems 6 ____
Alcohol 7 ____
Crime 8 ____
Public attitude toward Native elderly 9 ____

139. Do you think that things are better or worse for older native people today?

1 Better ____
2 Same ____
3 Worse ____

140. Which are

	Better	Worse
Finances		
Health		
Education		
Respect		
Morals		
Family relationships		
Discrimination		

Our concern in doing this study has been one of transition or change. The change which you and other older Alaskan Natives have experienced in your life time. We feel that the best way to look at this is to compare your early life and that of your parents with your life today. The next questions which we ask would be on the basis of this relationship.

141. Type of home

Frame 1 ____
Log 2 ____
Traditional 3 ____

142. Materials

Local 1 ____
Imported 2 ____

143. Degree of permanance

Year round 1 ____
Frequent use 2 ____
Occasionally 3 ____

144. Source of water

145. Type of heat

146. Number of rooms

147. Sanitation facilities

148. Degree of comfort

149. Size of community

Under 25 1 ____
25-50 2 ____
50-100 3 ____
over 100 4 ____

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150. Source of supplies

Local Trading post 1 ____
Remote Trading post 2 ____
Shipped in 3 ____

151. How frequent (if 3)?

152. Educational Facilities

None 1 ____
1 - 4 2 ____
5 - 8 3 ____
9 - 12 4 ____

153. Local transportation

dog team 1 ____
reindeer 2 ____
kyak 3 ____
umiak 4 ____
canoe 5 ____
foot 6 ____
other 7 ____

154. Power equipment

generators 1 ____
boat motors 2 ____
radio 3 ____
other 4 ____

155. Availability of religious service

church 1 ____
missionary 2 ____
marriages 3 ____
baptisms 4 ____
other 5 ____
none 6 ____

156. Subsistance

caribou 1 ____
moose 2 ____
sheep 3 ____
whale 4 ____
walrus 5 ____
seal 6 ____
fish 7 ____
plants 8 ____
other 9 ____

157. Cash Income

trapping 01____
commercial fishing 02____
mining 03____
gov't employee 04____
R.R. 05____
guiding 06____
cannery work 07____
carving 08____
sewing 09____
basketry 10____

. Community or group recreation

(1) Singing

(2) Dancing

(3) Story telling

(4) Games - sports

(5) Gambling (Anything similar to bingo)

(6) Other

Parental Status

You have probably heard your parents talk about their early life. Can you recall thing about them at that time.

.	A. Father	B. Mother
1. Birthplace		
2. Education		
3. Occupation		
4. Language		
5. Religion		
6. Their parents		

5. Composition of Family

Brothers 1 ______

Sisters 2 ______

Grandparents 3 ______

Aunts 4 ______

Uncles 5 ______

Foster children 6 ______

Other 7 ______

157. Cash income (continued)

welfare 11______

other 12______

none 99______

158. Amount of time spent away from community to earn cash income

3 mo. or less 1 ______

3 - 6 months 2 ______

over 6 months 3 ______

159. Health facilities

Doctor 1 ______

Public health nurse 2 ______

Midwife 3 ______

Other 4 ______

160. Clothing

traditional 1 ______

made from purchased materials 2 ______

purchased ready made 3 ______

161. Language most frequently used

Native 1 ______

English 2 ______

162. Community problems

food 1 ______

health 2 ______

alcohol 3 ______

money 4 ______

crime 5 ______

supplies 6 ______

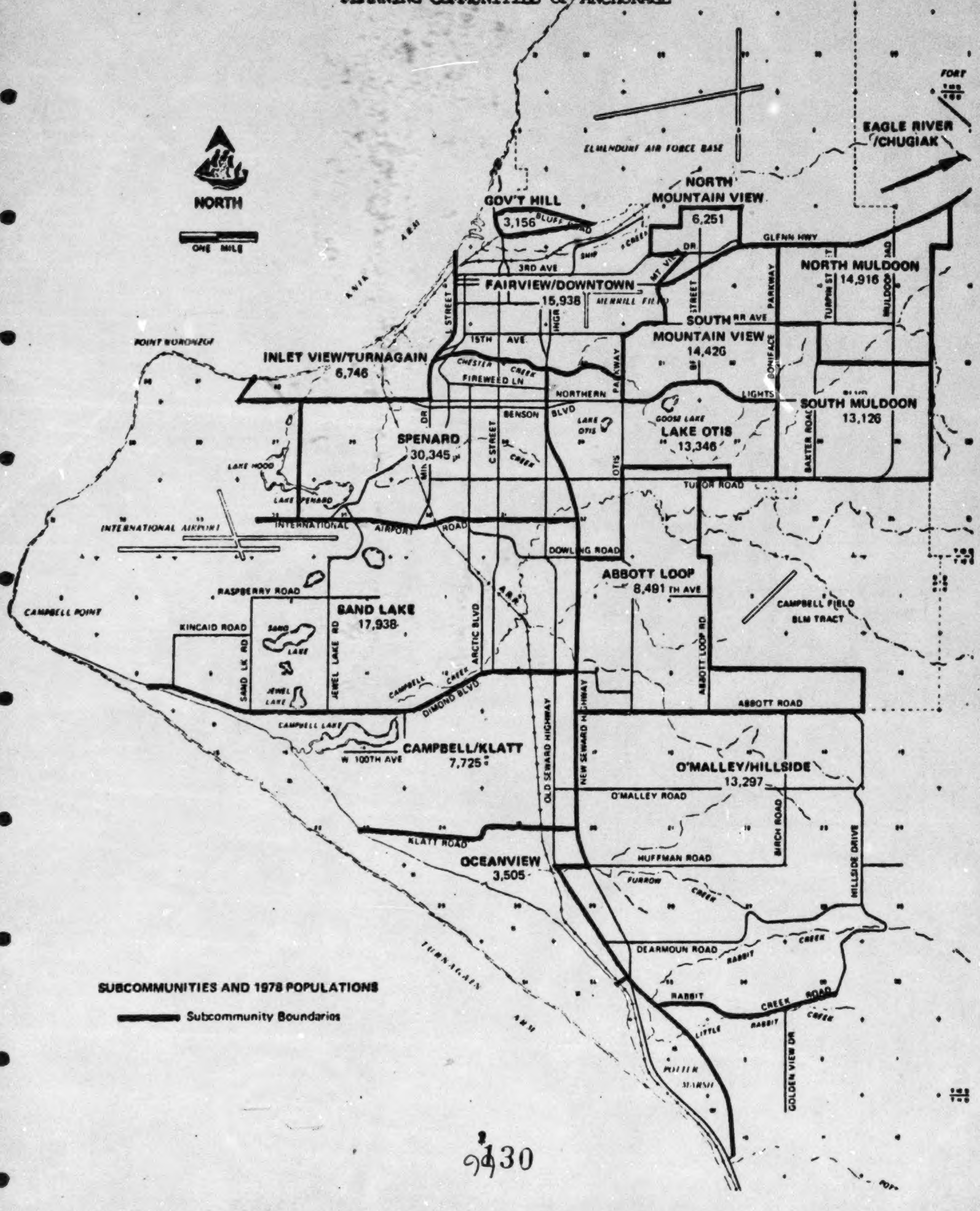
other 7 ______

166. What do you recall about the older people in your community as you were growing up?

167. Many Alaskan communities were hit by epidemics in the early part of the century. Can you recall anything of how these sicknesses and the accompanying deaths affected your community at that time?

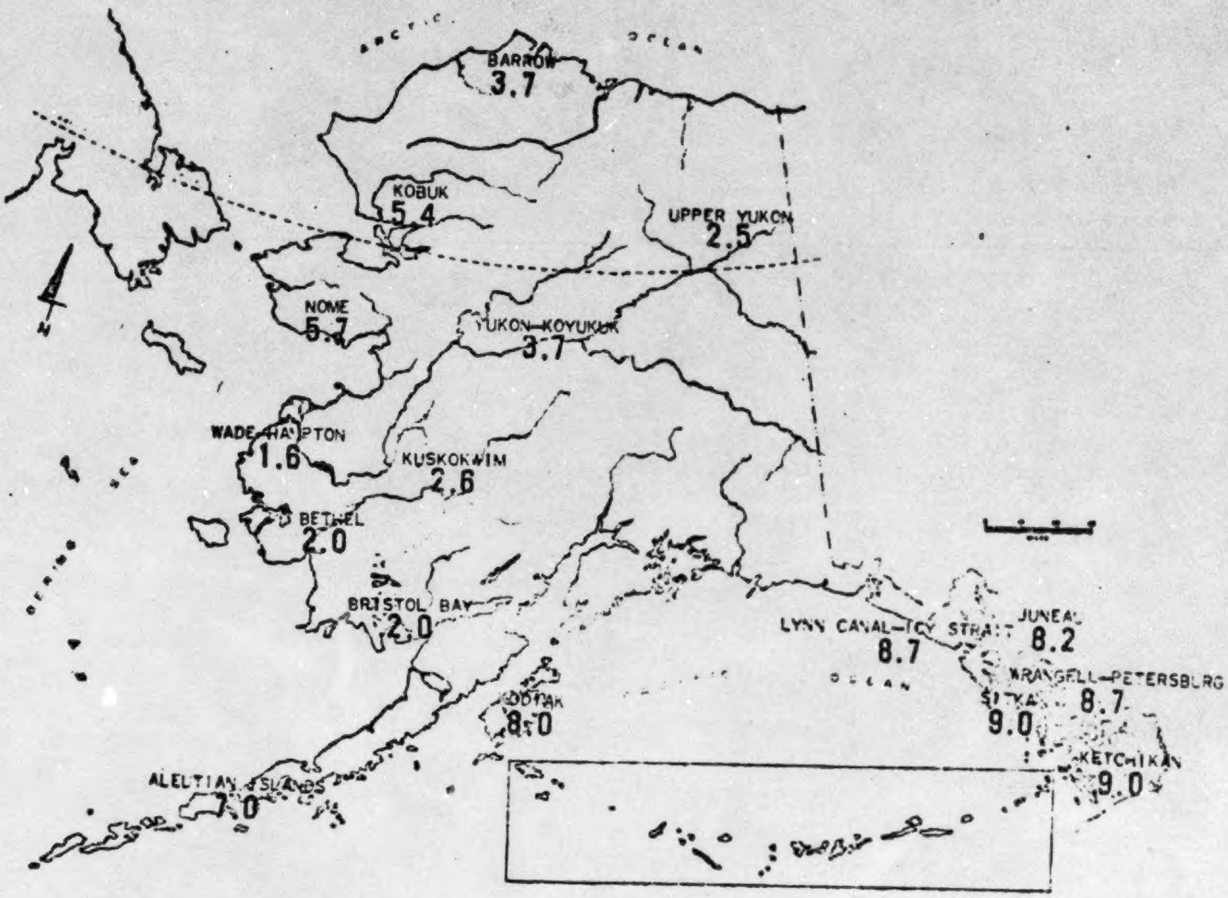
APPENDIX N

PLANNING COMMUNITIES OF ANCHORAGE


NORTH
ONE MILE
ELMENDORF AIR FORCE BASE
FORT
EAGLE RIVER /CHUGIAK
NORTH MOUNTAIN VIEW
6,251
GOV'T HILL
3,156
BLUFF ROAD
SHIP CREEK
3RD AVE
GLENN HWY
FAIRVIEW/DOWNTOWN
15,938
MERRILL FIELD
L STREET
NORTH MULDOON
14,916
TURPIN ST
MULDOON ROAD
PARKWAY
SOUTH MOUNTAIN VIEW
14,426
RR AVE
BONIFACE
15TH AVE.
CHESTER CREEK
FIREWEED LN
NORTHERN LIGHTS BLVD
INLET VIEW/TURNAGAIN
6,746
POINT WORONZOF
KNIK ARM
SOUTH MULDOON
13,126
BENSON BLVD
LAKE OTIS
GOOSE LAKE
LAKE OTIS
13,346
BAXTER ROAD
SPENARD
30,345
C STREET
TUDOR ROAD
LAKE HOOD
LAKE SPENARD
INTERNATIONAL AIRPORT
INTERNATIONAL AIRPORT ROAD
DOWLING ROAD
ABBOTT LOOP
8,491
CAMPBELL FIELD BLM TRACT
RASPBERRY ROAD
SAND LAKE
17,938
CAMPBELL POINT
KINCAID ROAD
SAND LK RD
JEWEL LAKE RD
JEWEL LAKE
ARCTIC BLVD
CAMPBELL CREEK
DIMOND BLVD
ABBOTT LOOP RD
ABBOTT ROAD
OLD SEWARD HIGHWAY
NEW SEWARD HIGHWAY
CAMPBELL LAKE
W 100TH AVE
CAMPBELL/KLATT
7,725
O'MALLEY/HILLSIDE
13,297
O'MALLEY ROAD
BIRCH ROAD
HILLSIDE DRIVE
KLATT ROAD
OCEANVIEW
3,505
HUFFMAN ROAD
FURROW CREEK
DEARMOUN ROAD
RABBIT CREEK
TURNAGAIN ARM
RABBIT CREEK ROAD
LITTLE RABBIT CREEK
POTTER MARSH
GOLDEN VIEW DR
SUBCOMMUNITIES AND 1978 POPULATIONS
Subcommunity Boundaries

APPENDIX O

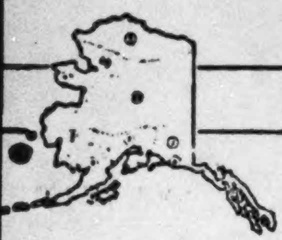
MEDIAN SCHOOL YEARS COMPLETED BY ALASKA NATIVES, SELECTED DISIRICTS, 1960


ARCTIC OCEAN
BARROW
3.7
KOBUK
5.4
UPPER YUKON
2.5
NOME
5.7
YUKON-KOYUKUK
3.7
WADE HAMPTON
1.6
KUSKOKWIM
2.6
BETHEL
2.0
BERING SEA
BRISTOL BAY
2.0
KODIAK
8.0
ALEUTIAN ISLANDS
7.0
OCEAN
LYNN CANAL-ICY STRAIT
8.7
JUNEAU
8.2
WRANGELL-PETERSBURG
8.7
SITKA
9.0
KETCHIKAN
9.0
N

Medians shown in districts with nonwhite population of 1,000 or more in which nonwhite population is virtually all Alaska Natives.

Source: U. S. Bureau of the Census, *U. S. Census of Population: 1960, Alaska General Social and Economic Characteristics, PC(1)-3C, Table 87.*

- EDUCATIONAL ATTAINMENT OF NATIVES AND OTHERS OVER 25 YEARS OLD, 1970



ALL REGIONS

State/Regions	Population Over 25	Educational Attainment (% of Population Over 25)										Median Years of School Completed
			Elementary 1/				High School		College 3/			
		No School	1-4 Years	5-6 Years	7 Years	8 Years	1-3 Years	4 2/ Years	1-3 Years	4 Years	5 Years Or More	
ALASKA, Total	20,657	13.8	18.7	13.9	7.4	12.0	13.1	13.4	4.8	4.6	o.7	7.5
Regions:												
ALEUT	798	5.5	15.6	23.9	10.1	11.6	12.7	11.8	4.8	1.3	2.2	7.2
ARCTIC SLOPE	950	16.5	21.9	23.0	9.0	14.3	7.5	4.3	2.5	0.2	0.4	5.6
CALISTA	3,846	33.9	31.9	13.6	5.0	5.6	4.7	3.6	0.8	0.2	0.3	3.0
BERING STRAITS	1,690	6.8	21.8	21.0	12.0	18.7	9.6	7.8	2.2	0.7	0.2	7.0
BRISTOL BAY	1,204	21.4	29.9	11.1	6.6	9.9	6.6	8.6	3.2	0.8	0.3	3.9
CHUGACH	520	7.8	17.1	9.6	13.0	16.3	16.0	15.3	3.1	2.5	0.0	8.2
COOK INLET	3,102	4.5	8.2	10.2	5.9	14.0	17.0	24.8	7.7	4.5	2.1	10.2
AHTNA	185	22.9	20.3	10.2	12.2	14.2	11.2	6.6	2.4	0.0	0.0	5.8
KONIAG	850	5.4	9.6	10.9	10.1	23.3	19.2	16.7	3.2	1.4	0.0	8.6
NANA	1,198	5.1	29.2	26.3	10.7	10.9	6.8	8.4	2.6	0.3	0.0	6.2
DOYON	2,473	19.3	21.4	17.1	6.5	10.6	2.9	14.2	3.8	2.0	1.3	6.7
SEALASKA	3,841	5.2	7.2	7.4	5.8	13.4	25.3	23.7	11.2	2.2	0.5	10.3

- EDUCATIONAL ATTAINMENT OF WHITES AND BLACKS OVER 25 YEARS OLD, 1970

ALL REGIONS

State/Regions	Population Over 25	Educational Attainment (% of Population Over 25)										Median Years of School Completed
			Elementary 1/				High School		College 3/			
		No School	1-4 Years	5-6 Years	7 Years	8 Years	1-3 Years	4 2/ Years	1-3 Years	4 Years	5 Years Or More	
ALASKA, Total	114,349	0.4	0.7	1.1	1.4	6.3	15.3	42.0	16.7	8.9	7.4	12.6
Regions:												
ALEUT	2,219	0.0	0.3	1.3	0.5	5.8	14.8	16.7	15.6	10.4	6.3	12.7
ARCTIC SLOPE	270	0.0	0.4	0.0	0.3	6.1	12.9	35.9	12.9	6.1	24.6	13.0
CALISTA	640	1.3	0.0	1.1	1.4	4.8	3.7	33.6	14.4	17.9	21.8	13.5
BERING STRAITS	649	0.0	0.0	1.5	0.0	4.9	10.2	28.5	22.4	16.2	16.0	13.8
BRISTOL BAY	783	0.5	2.2	0.6	4.9	6.0	8.6	38.3	17.5	12.3	8.7	12.6
CHUGACH	2,838	1.4	1.1	2.1	1.5	9.8	17.4	41.3	14.2	5.9	5.0	12.5
COOK INLET	63,857	0.4	0.7	1.0	1.4	5.7	15.2	43.3	17.4	8.9	6.5	12.6
AHTNA	524	2.7	0.4	1.0	0.8	8.2	17.5	46.2	10.2	7.8	4.9	12.4
KONIAG	3,221	0.5	1.2	0.6	2.0	8.1	16.5	41.9	15.4	6.0	5.6	12.5
NANA	263	0.0	0.0	2.3	0.0	5.7	4.9	34.2	17.9	19.0	16.0	13.5
DOYON	21,396	0.4	0.6	1.0	1.0	5.8	15.2	42.4	16.8	8.0	9.0	12.6
SEALASKA	17,689	0.5	0.7	1.8	1.6	8.3	16.4	38.1	11.9	9.6	8.5	12.5

- VOCATIONAL TRAINING, 1970

ALL REGIONS

	Total			With Vocational Training			Without Vocational Training		
	Total	Native and Others	Whites and Blacks	Total	Native and Others	Whites and Blacks	Total	Native and Others	Whites and Blacks
ALASKA, Total	156,715	26,111	130,604	53,581	4,712	48,869	103,134	21,399	18,735
Urban	110,770	7,721	103,049	39,959	1,932	38,027	70,811	5,789	65,022
Rural	45,945	18,390	27,555	13,622	2,780	10,842	32,323	15,610	16,713
Regions:									
01 ALEUT	5,108	984	4,124	2,516	188	2,328	2,592	796	1,796
Urban	--	--	--	--	--	--	--	--	--
Rural	5,108	984	4,124	2,516	188	2,328	2,592	796	1,796
02 ARCTIC SLOPE	1,468	1,267	201	173	82	91	1,295	1,185	110
Urban	--	--	--	--	--	--	--	--	--
Rural	1,468	1,267	201	173	82	91	1,293	1,185	110
03 CALISTA	5,598	4,884	714	1,012	647	365	4,586	4,237	349
Urban	--	--	--	--	--	--	--	--	--
Rural	5,598	4,884	714	1,012	647	365	4,586	4,237	349
04 BERING STRAITS	2,848	2,509	339	611	456	155	2,237	2,053	184
Urban	--	--	--	--	--	--	--	--	--
Rural	2,848	2,509	339	611	456	155	2,237	2,053	184
05 BRISTOL BAY	2,516	1,376	1,140	628	95	533	1,888	1,281	607
Urban	--	--	--	--	--	--	--	--	--
Rural	2,516	1,376	1,140	628	95	533	1,888	1,281	607
06 CHUGACH	3,244	489	2,755	1,025	64	961	2,219	425	1,794
Urban	--	--	--	--	--	--	--	--	--
Rural	3,244	489	2,755	1,025	64	961	2,219	425	1,794
07 COOK INLET	76,069	3,237	72,832	27,259	829	26,430	48,810	2,408	46,402
Urban	67,329	2,921	64,408	24,448	753	23,695	42,881	2,168	40,713
Rural	8,740	316	8,424	2,811	76	2,735	3,929	240	5,689
08 AHTNA	779	202	577	248	39	209	531	163	368
Urban	--	--	--	--	--	--	--	--	--
Rural	779	202	577	248	39	209	531	163	368
09 KONIAG	5,213	958	4,255	1,907	168	1,739	3,306	790	2,516
Urban	3,727	539	3,188	1,460	142	1,318	2,267	397	1,870
Rural	1,486	419	1,067	447	26	421	1,039	393	646
10 NANA	1,856	1,564	292	321	219	102	1,535	1,345	190
Urban	--	--	--	--	--	--	--	--	--
Rural	1,856	1,564	292	321	219	102	1,535	1,345	190
11 DOYON	31,223	4,076	27,147	11,137	962	10,175	20,086	3,114	16,972
Urban	25,236	1,680	23,556	9,158	421	8,737	16,078	1,259	14,819
Rural	5,987	2,396	3,591	1,979	531	1,438	4,008	1,855	2,153
12 SEALASKA	20,793	4,565	16,228	6,744	963	5,781	14,049	3,602	10,447
Urban	14,478	2,581	11,897	4,893	616	4,277	9,585	1,965	7,620
Rural	6,315	1,984	4,331	1,851	347	1,504	4,464	1,637	2,827

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